



**The Hon Jillian Skinner MP**  
Minister for Health  
Minister for Medical Research

The Hon. Marie Ficarra MLC  
Chair  
General Purpose Standing Committee 2  
Parliament House  
Macquarie St  
SYDNEY NSW 2000

Dear Chair

Attached are copies of answers to Budget Estimates questions on notice taken during the GPSC2 hearing into the Health portfolio on 23<sup>rd</sup> August 2013.

Also attached are the answers to the supplementary questions on notice.

Yours sincerely

  
Jillian Skinner MP

## Questions taken on notice - Transcript

### Workforce Planning (page 11):

**Dr JOHN KAYE:** But you talk to your colleague, Mr Piccoli, the Minister for Education, about planning the workforce. It is a crucial issue across Australia—the looming shortage of nurses; how we are going to deal with it; how big it is; where it is; and what sort of nursing expertise we need. Surely, part of that conversation must be informed by your knowledge of the number of nurses—and you have given us a piece of good news here, or at least an allusion to a piece of good news here. Surely you would be worried about that data and monitoring it carefully?

**Mrs JILLIAN SKINNER:** Indeed. At the local level, where this is taking place, where they are actually rolling out the nursing hours per patient day obligation, they know that kind of thing and we have done a 10-year workforce plan for New South Wales which is building on the work done at the national level, that looks at retention and growth in the nursing workforce. I think the best thing is to take some of these specific questions on notice and I will get them from the Local Health District because that is where we need to go.

### **ANSWER:**

The nursing attrition rate reduced from 8.8% in 2011/12 to 7.6% in 2012-13 (Source: Health Information Exchange – Premier's Workforce Profile data collection).



### Recovery of car park costs (p.11):

**The Hon. PAUL GREEN:** Certainly it was my practice that every year, when one registered, one had to fill in a fairly detailed survey and that, I am sure, was for data collection of why I was not practising at that time as much as other people were practising or why they were leaving the industry. I want to ask a couple of questions following up from a question by the Hon. Luke Foley. You talked about \$100 million for car parks.

I know that times are changing and that a lot of those car parks have a cost recovery amount. Can you indicate what sort of cost recovery of that \$100 million you might get back?

**Mrs JILLIAN SKINNER:** Some of it goes into the building of future car parks. You should also know that there is always provision made for subsidised parking for critical staff and for patients, particularly patients with chronic illnesses who need to come in on a regular basis. In terms of how much comes back to Health, I will have to take that on notice.

### **ANSWER:**

New car park assets are being provided under a self-funding method, where they are demonstrated to be supported by user revenues as economic infrastructure.

Effectively, NSW Health “borrows” Confund from Treasury to finance the development of car park projects. These borrowings are repaid from the incremental revenues generated over 10-20 years with no impact of the state's net lending.



South Coast Cancer Centre (p.12)

**The Hon. PAUL GREEN:** Can I ask a question about that. Are there any budgetary issues preventing the South Coast cancer care centre from starting chemotherapy sessions immediately?

**Mrs JILLIAN SKINNER:** I do not know. I will have to take that on notice. It might be a staffing issue. Sometimes there are staffing issues. In New England the Armidale chemotherapy suite is to be completed by September this year. The Shoalhaven Regional Cancer Care Centre was completed in July.

**ANSWER:**

There are no budgetary issues delaying the commencement of chemotherapy in the new Centre.

Recruitment to the necessary positions has commenced and this will continue to progress as required.



Prince of Wales Hospital - Redundancies (p.18)

**The Hon. HELEN WESTWOOD:** Have any voluntary redundancies been offered at Prince of Wales in the last six months?

**Mrs JILLIAN SKINNER:** I cannot answer that question because it is up to Prince of Wales. Do you have any information on that, Karen?

**Ms CRAWSHAW:** Not on Prince of Wales, no. I am not aware of any clinical redundancies at Prince of Wales.

**The Hon. HELEN WESTWOOD:** As far as you are aware, there are no plans to offer voluntary redundancies in the next six months?

**Ms CRAWSHAW:** Again, we would have to take that up and talk to the chief executive of the local health district. It is a sort of local decision about how they configure their workforce.

**CHAIR:** Do you want them to take it on notice?

**The Hon. HELEN WESTWOOD:** Yes. Could you take that on notice? Is it true that the Government is waiting until after the Federal election to offer voluntary redundancies at Prince of Wales Hospital?

**Mrs JILLIAN SKINNER:** Certainly not.

**ANSWER:**

Since March 2013, three voluntary redundancies have been offered to staff at Prince of Wales Hospital. None of these voluntary redundancies were offered to front-line clinical staff.

The Health workforce is expected to grow in 2013-14. It is up to individual Districts to determine the most efficient and effective configuration of their workforce. Every Local Health District has received an average of 4.4% growth funding for 2013-14 to allow them to treat more patients.



Clinical privileges for midwives (p.19):

**The Hon. HELEN WESTWOOD:** As I understand it, eligible midwives have been waiting for nearly three years for NSW Health to release its document on clinical privileges for midwives.

**Mrs JILLIAN SKINNER:** I would have to take that on notice.

**The Hon. HELEN WESTWOOD:** Why has that not been released? I know that process began under the former Government.

**Mrs JILLIAN SKINNER:** Why was it not finished then? I do not know. I will have to take that on notice.

**The Hon. HELEN WESTWOOD:** It is a process. Is it being blocked in your office?

**Mrs JILLIAN SKINNER:** No, certainly not.

**The Hon. HELEN WESTWOOD:** Why has it taken more than three years? It cannot be that difficult.

**Mrs JILLIAN SKINNER:** You would have to ask your colleagues. If it was more than three years, that is before my time. I will make inquiries about that.

**The Hon. HELEN WESTWOOD:** As I understand, the midwives have been making inquiries.

**Mrs JILLIAN SKINNER:** Not to me, they have not.

**Ms CRAWSHAW:** Regarding the clinical privileges for independent practising midwives, there are some issues around, obviously, indemnity cover. I believe that is being worked through. There is also an issue about access through the Commonwealth Medicare Benefits Schedule [MBS], or equivalent. Also with the clinical privileges my recollection is that there is a discussion going on about the need to partner with, or have available, an obstetrician so that there is some fallback and proper back-up in the event that that is required, so

I think they are the issues still being worked through.

**The Hon. HELEN WESTWOOD:** Do have you a time frame?

**Mrs JILLIAN SKINNER:** Can I come back to that, because I have now been reminded. This is a matter that is on the Standing Council on Health agenda and it has been ever since I have been there. It has been held over from previous Ministers, but it is still there. It boils down to this matter of providing indemnity. I think we came close to coming up with a temporary solution, at least, but beyond that I cannot give you information. We will take that on notice.

**Ms CRAWSHAW:** We will have to take on notice where it is currently at.

#### **ANSWER:**

The Clinical Privileging document is nearing completion as amendments were required to reflect changes to the Health Insurance Act 1973 and the resultant Determination enacted on 1 September 2013. It is anticipated that the final Clinical Privileging document will be released in 2014.

I understand that the Australian College of Midwives, New South Wales Branch have regular meetings with Susan Pearce, the Chief Nursing and Midwifery Officer. This issue has been discussed at these meetings, with the College informed of the progression of the document and I understand the College is satisfied that it is nearing completion.



Workforce vacancies p.20-2

**The Hon. HELEN WESTWOOD:** Will you tell the Committee the number of registered midwife positions that are vacant at a number of hospitals? How many positions are vacant in Nepean?

**Mrs JILLIAN SKINNER:** I believe they did have a shortage. There is a problem worldwide and Australia-wide in respect of midwives. I have been following this and speaking to the chief executive out there.

In recent months they have employed an extra 12. They have been overseas recruiting midwives and some have come on. If they are not on already, they have been waiting for their registration to go through. I think they are still trying to recruit, to fill the last few positions, but they are getting there.

**The Hon. LUKE FOLEY:** Have they recruited 12, Minister, or have they not?

**Mrs JILLIAN SKINNER:** Yes, they have recruited 12.

**Ms CRAWSHAW:** Thirteen.

**Mrs JILLIAN SKINNER:** Thirteen, actually.

**Ms CRAWSHAW:** I have the up-to-date information.

**Mrs JILLIAN SKINNER:** They have still got some more.

**The Hon. HELEN WESTWOOD:** Can we have those?

**Ms CRAWSHAW:** They have recruited to 14.5 vacancies. Some of them are overseas so they are still going through the process.

**The Hon. HELEN WESTWOOD:** Do you have starting dates for those positions?

**Ms CRAWSHAW:** I do not have that detail.

**The Hon. HELEN WESTWOOD:** Will you take that on notice?

**Mrs JILLIAN SKINNER:** Some have already started.

**Ms CRAWSHAW:** Yes, some have started.

**The Hon. HELEN WESTWOOD:** You will give us the information of how many are still vacant?

**Ms CRAWSHAW:** Yes.

**The Hon. HELEN WESTWOOD:** How many are vacant at John Hunter?

**Ms CRAWSHAW:** Can I emphasise that even if you have vacancies, it does not mean that those positions are not being filled in another way.

**Mrs JILLIAN SKINNER:** That is right.

**Ms CRAWSHAW:** They are being filled either through part-timers increasing their work, casuals, and, if we need to, agency.

**The Hon. HELEN WESTWOOD:** Do you have the figures for the number of midwife positions at John Hunter?

**Ms CRAWSHAW:** I only have the Hunter-New England figure and the permanent vacancies that are being recruited to at the moment are 11.5. That is for the whole of the Hunter-New England.

**The Hon. HELEN WESTWOOD:** Will you provide the starting dates for the positions that have recently been recruited?

**Ms CRAWSHAW:** As I said, they are vacancies at the moment. I do not know what has been recruited to. I know all of Nepean's vacancies have been recruited to, but they are start dates. For the others, I do not have how many of them are applications in train versus still looking.

**Mrs JILLIAN SKINNER:** Also, because midwives are in short supply, we are doing our own training. We will provide some extra detail about that because that is a very worthwhile project.

**The Hon. HELEN WESTWOOD:** How many of those positions at Nepean have been filled? We had 15—

**Ms CRAWSHAW:** The advice I have got is they have been recruited to the 14.5, but some have not yet started.

**The Hon. HELEN WESTWOOD:** Will you provide the starting date?

**Ms CRAWSHAW:** Yes, I am happy to go back to Nepean Blue Mountains and get that.

**The Hon. HELEN WESTWOOD:** I understand there are 11 vacancies at Canterbury Hospital.

**Ms CRAWSHAW:** Again I do not have them on a hospital-by-hospital basis. I have them on a district basis. I am looking at south-western Sydney and I have a district figure, certainly not a—

**The Hon. HELEN WESTWOOD:** What is the vacancy rate?



**Ms CRAWSHAW:** The district figure is around 16.  
**The Hon. HELEN WESTWOOD:** When will they be filled?  
**Ms CRAWSHAW:** Again I will have to take that on notice because that is dealt with at a local level.  
**The Hon. HELEN WESTWOOD:** How many of the staff in the maternity unit at Nepean are registered midwives as opposed to registered nurses and assistants in midwifery?  
**Ms CRAWSHAW:** I will have to take that on notice. We certainly do not have unit-by-unit data.  
**Mrs JILLIAN SKINNER:** We will take that on notice. That is the best thing we can do. At Nepean they currently have 132.8 full-time equivalent nurses and midwives in the women's health service.  
**The Hon. HELEN WESTWOOD:** In the women's health service. So that is maternity?  
**Mrs JILLIAN SKINNER:** Yes.  
**CHAIR:** Gynaecology.  
**The Hon. HELEN WESTWOOD:** Yes, that is more than maternity though.  
**Mrs JILLIAN SKINNER:** There are 147 full-time equivalent nurses and midwives in the women's health service to meet birth rate plus requirements and we recently recruited 13 full-time equivalent interstate and overseas midwives. I will get you the starting dates if there are some who have yet to go through the process.  
**The Hon. HELEN WESTWOOD:** And a breakdown of those positions.  
**Mrs JILLIAN SKINNER:** I am happy to do that.  
**The Hon. HELEN WESTWOOD:** You talked about training. The fact is that there is no shortage of applications to universities to undertake midwifery courses but the universities cannot find the clinical placements at hospitals due to a lack of clinical educators. What are you doing about this?  
**Mrs JILLIAN SKINNER:** I find that hard to believe. If that is the case, I will certainly look into it.  
**The Hon. HELEN WESTWOOD:** That is what is happening.  
**Mrs JILLIAN SKINNER:** For example, we have an additional six student midwives completing their training in August this year who, once registered, would be eligible to apply for positions over coming months.  
That is at Nepean. In fact, at the Nurse and Midwife Association's annual meeting recently I announced an additional 40 clinical nurse educators and clinical nurse specialists because we place great importance on those positions.  
**The Hon. JENNIFER GARDINER:** You should have got a standing ovation.  
**Mrs JILLIAN SKINNER:** I did get a standing ovation.  
**CHAIR:** They have been stressing that and aiming towards that for years.  
**Ms CRAWSHAW:** I think accommodating nursing and midwifery students, it is not just a clinical nurse educator or a clinical midwife educator requirement from the hospital. It is also capacity issues, numbers of births, and also from the university's point of view making sure that they have preceptors available to support the students.  
**The Hon. HELEN WESTWOOD:** That is certainly what we are hearing from the universities. The problem is about the clinical educators in the hospitals, and that is why they are not able to get clinical placements. You only have to look at the number of nursing students and midwifery students at universities. If you can take that on notice, that would be good.

## ANSWER:

How many vacant registered midwife positions are there at Nepean Hospital?

Please see answer to Supplementary Question 1.

Information on midwife training being undertaken:

Midwifery training is a university-based education programme. Nepean Hospital supports the training of midwives via two pathways, firstly by providing clinical placements for undergraduate midwifery students and secondly with employed midwifery student positions for registered nurses undertaking a postgraduate midwifery course. In 2013, Nepean Hospital has 14 (headcount) employed postgraduate midwifery students (8 in February and 6 in July) and has increased the number of undergraduate midwifery student places from 3 to 10 per year.

In addition, the Ministry of Health is currently working with the Royal Hospital for Women to establish a re-entry program for midwives who have been directed by the Nursing and Midwifery Board to undertake such a program.

What is the Midwifery vacancy rate at Canterbury Hospital and when will these positions be filled?

Please see answer to Supplementary Question 3.

How many of the staff in the maternity unit at Nepean are registered midwives as opposed to registered nurses and assistants in midwifery?

Registered Midwives	111.55 FTE
Registered Nurses	2.00 FTE
Student Midwives	8.82 FTE
Enrolled Nurses	7.92 FTE

A breakdown of the positions and start dates for any positions yet to be commenced in the Nepean women's health service:

Registered Midwives

(10.00 FTE Overseas to commence - this includes 2 who accepted prior to 1 April 2013)  
1.00 FTE Registered Midwife to commence 23 September 2013 (Overseas applicant)  
1.00 FTE Registered Midwife to commence 7 October 2013 (Overseas applicant)  
1.00 FTE Registered Midwife to commence 2 December 2013 (Overseas applicant)  
7.00 FTE Registered Midwives (Overseas applicants) are in various stages of AHPRA registration and Visa processing, with no start dates as yet.

Registered Nurses and Assistants in Midwifery

No Registered Nurses or Assistants in Midwifery are scheduled to commence.

Any information relating to the number of clinical educators available to take on clinical placements:

There are 3.37 FTE Clinical Midwifery Educators employed at Nepean Hospital who provide clinical support for current maternity Nursing staff. These positions also support student midwives.

Nepean Hospital also employs a further 22.60 FTE Clinical Nurse Educators who work across the Nepean facility.



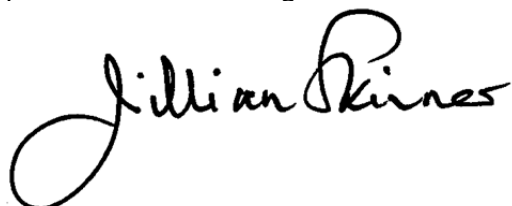
Sexual Assault Services (p.23)

**The Hon. HELEN WESTWOOD:** Yes. How many other New South Wales sexual assault services have closed their books to victims of sexual assault and in which categories have they had to close their books?

**Mrs JILLIAN SKINNER:** I will take that on notice because I do not have that kind of information. But I can tell you generally—and this has been ongoing for quite some time—that a lot of the country general practitioners [GPs] who have been providing that service have said that they just do not have the capacity to deal with their GP patients and provide this service. It is a real dilemma. It is partly because once they do that they may then be required to go to court, et cetera, and do the follow-up, so they are away from their community and their practices. It has been a challenge and one where there has been examination of new models where we might train nurses and others to take on this work. I will get you more specific detail about that and how widespread it is because it is an important issue and I am working with the Minister for Women to try to address it.

**ANSWER:**

Sexual Assault Services do not 'close their books'. They may have waiting lists and localised arrangements to provide victims with referrals to other counselling, if this cannot be provided by the Sexual Assault Service. These referrals include the Victims of Crime Counselling Scheme, other health services (such as drug and alcohol services if the victim requires this form of assistance) and the Medicare program "Better Access to Mental Health Care" where GPs can refer eligible patients to counselling.



**The Hon. HELEN WESTWOOD:** What is the waiting time for a client to be seen by a sexual assault forensic expert in their own town?

**Mrs JILLIAN SKINNER:** That is exactly the answer I have just given you, and it has been ever thus. It has been like that for about 10 years, sadly, because of the problems with having GPs do this work and then being away from their practices. For example, I recall some years ago in the Griffith area there was a marvellous woman GP doing this work who reluctantly gave it up because it meant she was leaving town and leaving her patients. I will try to get feedback on this—I will get feedback before I answer it on notice—exactly how we are doing it to address that.

**ANSWER:**

NSW Health policy states that a sexual assault forensic examination should commence within 2 hours of the request by the counsellor following presentation of the client at the Sexual Assault Service. In the majority of circumstances these waiting times are adhered to, however there are some challenges with the recruitment and retention of health staff to provide this service in rural and regional areas.



**The Hon. HELEN WESTWOOD:** How many sexual assault worker positions are there in Bourke? I am sure you know that Bourke has one of the highest rates of sexual assault in New South Wales?



**Dr CHANT:** I would have to take that on notice. I note that it may be a particular social worker with experience. There may be different skill mixes that provide the dynamics of psychosocial support for the women. We would be happy to broadly address that question in terms of the specifics, but maybe other care and other non-government organisations that we might fund to provide those services would assist. I would be happy to take that on notice.

**The Hon. HELEN WESTWOOD:** You could then include Moree, Lightning Ridge, Cooma, and Tamworth in the question you have taken on notice.

**Dr CHANT:** Thank you, yes.

**ANSWER:**

**NSW Health Sexual Assault Service Counselling Response – September 2013**

Location	Number of Sexual Assault Service counsellors (FTE)	Vacancies (FTE)	Interim service arrangements
Bourke	1	1	A visiting counsellor provides a service in Bourke 3 days a fortnight. Bourke JIRT also has a Senior Health Clinician who has a role in responding to sexual assault of child victims.
Location	Number of Sexual Assault Service counsellors (FTE)	Vacancies (FTE)	Interim service arrangements
Cooma	1	0	After assessment, victims are either seen by the Sexual Assault Service counsellor or referred to the Medicare Local or Victims of Crime Counselling Scheme or others services within NSW Health.
Lightning Ridge	1	0.7	A visiting counsellor provides a service 3 days per fortnight
Moree	1	1	24 hour crisis counselling roster in place. After assessment victims are referred to community health service counsellors or the Victims of Crime Counselling Scheme.
Tamworth	1 sexual assault service position, 1 Aboriginal Child Sexual Assault specific position, and 1 Aboriginal Family Health worker position focussing on sexual assault.	1 sexual assault service position is unfilled. Both Aboriginal specific positions are filled.	24 hour crisis counselling roster in place. After assessment victims are referred to community health service counsellors or the Victims of Crime Counselling Scheme. Tamworth JIRT also has a Senior Health Clinician who has a role in responding to sexual assault of child victims.



Emergency Department Models of Care – Pilot sites – Page 26

**Dr JOHN KAYE:** There has not been a formal review of the five pilot sites?

**Mrs JILLIAN SKINNER:** I do not know. I cannot answer that question. I will take it on notice. But I can certainly tell you the communities where this is now in train. I think it is great, as do the clinicians.

**ANSWER:**

Please see answer to Supplementary Questions 49-52.



Auditor-General reports an increase of beds – Page 37

**The Hon. LUKE FOLEY:** Given we agree on what he has reported—

**Mrs JILLIAN SKINNER:** That is what he has reported.

**The Hon. LUKE FOLEY:** —he reports that there are 214 more beds at 2012 compared to 2010, does he not? I think I have even scrawled that there.

**Mrs JILLIAN SKINNER:** Maybe I can ask the director general to add some matters to this. It is quite complicated.

**Dr FOLEY:** I do need to make—and I do not know if I can do it on the spot—a comparison between the particular bed numbers the Auditor-General has used in this report at this time for this purpose and the end-of-year set of numbers that appear in our annual reports, where we have given a consistent dataset. We are very happy to do that because I need to do that comparison.

**ANSWER:**

The Auditor General's report presents numbers of average available beds and treatment spaces (page 30). In reviewing this and the official NSW Health Annual Report it is noted that the Auditor General's report uses unaudited data and excludes all affiliated health services including St Vincent's Health Network. The result is that the two reports are unable to be compared.

The average available beds and treatment spaces table published in the 2011/12 NSW Health Annual Report (p 140) notes any changes to data in certain Local Health Districts as well as exclusion or inclusion of certain facilities based on their status in the health system. As is normal practice, data from previous years is recast to ensure accurate comparisons can be made across the previous five years.



The Millennium Grant (p.47)

**Mr JOHN ROACH:** In the 2012/13 year there were grants for the Millennium Institute of over \$55 million which were one off grants. That was the major difference between that and the forward figures.

**Dr JOHN KAYE:** If you can provide more information on that Millennium grant, that would be useful.

**Mrs JILLIAN SKINNER:** I can give it to you right now.

**Dr JOHN KAYE:** Not now, on notice. No, I have other things I want to talk about.

**Mrs JILLIAN SKINNER:** It went to the Children's Medical Research Institute and the Millennium Institute and because there is a hub, it was an election commitment before the last election.

**ANSWER:**

In 2012-13 funds of \$55 million were allocated under the State Budget as contributions to the cost of construction of a new facility for the Westmead Millennium Institute on NSW Health land in Western Sydney.

This funding included \$30 million of State funds and \$25 million of Commonwealth grant monies held by Western Sydney Local Health District for the Institute.

The Institute is a charitable institution whose original members are the NSW Government, the University of Sydney and the Westmead Medical Research Foundation.

The grant of \$20 million to the Children's Medical Research Institute was allocated in the previous year, 2011/12, and was provided to partially meet the costs of extending their premises at Westmead.



Tobacco retailing (page 48):

**Dr JOHN KAYE:** I refer to another issue about which you and I share a concern: tobacco vendors who do not obey the rules and the Cancer Council's recent study that showed that about one in four are not obeying the rules. The Cancer Council came to what I think is a very sensible solution, which was to licence vendors. What are you doing to enforce the rules and where are you on the issue of licensing vendors?

**Mrs JILLIAN SKINNER:** I did receive that report from the Cancer Council. I have very high regard for the Cancer Council. I have worked with it for a number of years over a number of initiatives and in developing our approach to tobacco control. I have said that we would look into its recommendation about a taskforce. I would like to bed down the reforms we have now before we go to the next step, but that is not ruling out licensing altogether. In respect to the measures we have taken, I will ask the Chief Health Officer to fill that in, but we have actually fined a number of—

**Dr JOHN KAYE:** Minister, with all due respect to Dr Chant, because our time is limited, can I ask that we not do that?

**Mrs JILLIAN SKINNER:** All right. I am happy to.

**Dr JOHN KAYE:** I accept that you are doing a lot. I would be happy for you to take that on notice. On that particular issue, do you have a view on the need to reduce the number of tobacco outlets? Licensing has two benefits. One is to force obedience of the rules, but the second is to make tobacco availability less convenient.

**Mrs JILLIAN SKINNER:** Yes. I cannot answer that question because I need to understand the number of contractions already, because I suspect there have been some. If you are not prepared to let Kerry Chant answer the question, let us take it on notice.

**ANSWER:**

I refer the Member to the answer given by me to a Question Without Notice from Mr Jamie Parker MP on 29 August 2013.

A handwritten signature in black ink that reads "Jillian Skinner". The signature is written in a cursive style with a large, looping initial 'J'.

### Supplementary questions: Health

1. With regards to Midwifery Services at Nepean and Blacktown:
  - a. What is the FTE establishment of
    - i. Nepean and
    - ii. Blacktown Maternity Unitsas per the Birthrate plus formula
  - b. How many FTE positions at
    - i. Nepean and
    - ii. Blacktownmaternity are currently funded as of 1 August 2013
  - c. How many FTE positions at
    - i. Nepean and
    - ii. Blacktownmaternity are currently filled as of 1 August 2013
  - d. How many of these Nursing staff are Registered midwives
  - e. How many FTE positions at
    - i. Nepean and
    - ii. Blacktownmaternity are currently vacant as of 1 August 2013?
  - f. How many FTE Midwives have commenced at
    - i. Nepean and
    - ii. Blacktownmaternity since 1 April 2013
  - g. How many FTE Midwives have been accepted positions at
    - i. Nepean and
    - ii. Blacktownmaternity since 1 April 2013 but have yet to commence work
  - h. What is the total cost of
    - i. Agency staff and
    - ii. overtimefor midwives at
    - i. Nepean and
    - ii. Blacktownmaternity since 1 April 2013?

### **ANSWER:**

All facilities across Nepean Blue Mountains Local Health District, maintain a casual workforce of nurses and midwives that is used to fill vacancies in clinical areas to maintain appropriate staffing levels. Staffing levels are maintained and monitored. The Nepean Blue Mountains Local Health District continues to recruit midwives on an ongoing basis.

	<b>Nepean Maternity</b>	<b>Blacktown Maternity</b>
<b>a) Establishment as per Birthrate plus FTE as at 1 August 2013</b>	147.9	88.07
<b>b) Funded positions FTE as at 1 August 2013</b>	147.9	88.07
<b>c) Filled positions FTE as at 1 August 2013</b>	130.29	82.63
<b>d) Registered midwives FTE as at 1 August 2013</b>	111.55	75
<b>e) Vacant FTE as at 1 August 2013</b>	17.61	5.44
<b>f) Commenced FTE since 1 April 2013</b>	7	10.56
<b>g) Accepted since 1 April 2013 but yet to commence as at 13 September 2013.</b>	8 (+2 to commence who accepted prior to 1 April 2013)	0
<b>h) Agency staff cost 1 April to 1 August 2013</b>	\$68,701	\$59,415
<b>i) Overtime cost 1 April to 1 August 2013</b>	\$16,942	\$16,264



2. With regards to the 11.5 FTE vacancies in Midwifery in HNEAHS,

- a. In which Hospitals do these vacancies exist
- b. What is the total cost of:
  - i. Agency staff and
  - ii. Overtime for midwives at HNEAHS since 1 April 2013?

**ANSWER:**



2a. The 11.5 HNE Midwifery vacancies exist in the following facilities:

Armidale	1.0	FTE
Tamworth	1.8	FTE
Narrabri	1.0	FTE
Inverell	1.0	FTE
Singleton	2.84	FTE
Muswellbrook	0.93	FTE
Maitland	0.53	FTE
Manilla	1.0	FTE
Scone	1.4	FTE

2b. The total cost since April 2013

- i. Of midwife agency staff was \$217,450.80
- ii. Overtime for midwives was \$148,930.40 between Apr 2013 and Aug 2013



3. With regards to the 16 FTE Midwife vacancies in Central Sydney LHD?

- a. In which Hospitals do these vacancies exist?
- b. What is the total cost of
  - i. Agency staff and
  - ii. overtime for midwives at CS LHD since 1 April 2013?
- c. When will these vacancies be filled?

**ANSWER:**

The Sydney Local Health District (SLHD) has 16.7 permanent Midwife vacancies. This consists of 13.7 vacancies from Canterbury Hospital and 3 vacancies at Royal Prince Alfred Hospital.

The cost of agency staff for midwifery in Sydney Local Health District from 1 April 2013 to July 28 was \$97,700 and the cost of overtime was \$27,400.

Canterbury Hospital has been regularly recruiting for midwives. Recently two midwives commenced at the Hospital and a third will commence pending final recruitment checks. Further applications are being processed against current recruitment that closes on 13 September 2013.

Three midwives from overseas have been recruited and will commence in 8-12 weeks following sponsorship application and visa clearance.

The Sydney Local Health District has interviewed for new graduate nurses and midwives with two newly graduated midwives to commence at Canterbury Hospital following registration in February.

Advertisements continue to be placed to fill vacancies. All facilities across Sydney Local Health District, including Canterbury Hospital, maintain a casual workforce of nurses and midwives that is used to fill vacancies in clinical areas to maintain appropriate staffing levels.

Staffing levels are maintained and monitored.



**4. With regards to the Clinical educators in Midwifery.**

- a. How many FTE Positions exist in NSW?
- b. How many are filled?
- c. How many are vacant?
- d. In which Hospitals do these vacancies exist?

**ANSWER:**

- a. Within the NSW public health system as at June 2013, there were 64.0 Full Time Equivalent (FTE) Clinical Midwife Educators (CME).
- b. As at June 2013, 55.48 FTE CME positions were filled.
- c. As at June 2013, 8.52 FTE CME positions were vacant.
- d. As at June 2013, the following facilities had vacant FTE CME positions which were being recruited to:

Facility	Vacant - CME -FTE
Bathurst Health Service	0.5
Broken Hill Health Service	1.0
Campbelltown Hospital	2.0
Canterbury Hospital	1.0
Dubbo Health Service	1.0
Lismore Base Hospital	0.5
Mona Vale	1.0
Orange Health Service	1.0
The Tweed Hospital	0.5
<b>Total</b>	<b>8.5</b>

Source: Local Health Districts

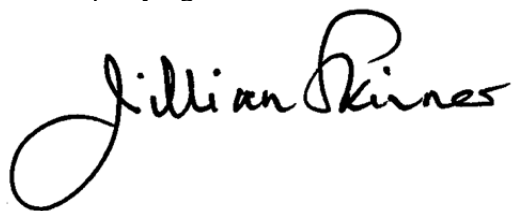


**5. With regards to the definition of “treatment spaces” in the NSW Health annual reports**

- a. Are Emergency Department cubicles counted as “treatment spaces”?
- b. Are Outpatient clinic rooms counted as “treatment spaces”?

**ANSWER:**

The Member is referred to Page 140 of the NSW Health 2011-2012 Annual Report – Public Hospital Activity Levels - Average available beds and treatment spaces, June 2012, and accompanying notes.



- 6. With regards to Outpatient waiting times
  - a. What action have you taken to audit Outpatient clinics and their waiting times since 2011?
  - b. Where is this data reviewed?
  - c. Will you publish a) clinic availability and b) waiting times for outpatient departments in NSW Hospitals?
  - d. When will this reporting commence?

**ANSWER:**

a) - d)

There are no nationally consistent approaches for counting and capturing health service outpatient data. Systems are underdeveloped and there is significant complexity in capturing waiting time data, for example, between general practitioners, private specialists and hospital outpatient areas.

Health Ministers across Australia have recognised that outpatient services have not received enough focus in the past and sponsored a national project which seeks to improve the way in which outpatient waiting times data can be collected and reported. The project will help to understand how to manage these services better through a nationally consistent approach that enables comparison of performance and will assist in identifying areas for further improvement and investment.

Outpatient activity data systems are immature and at a Federal level the Independent Hospital Pricing Authority (IHPA) used preliminary data from Queensland and Victoria to develop national costing and pricing for this activity. IHPA notes that waiting time information is neither available nor nationally consistent.

In NSW, the Ministry of Health and the Agency for Clinical Innovation are developing a Specialist Outpatient Services Framework. A key consideration of this process is improvement in data collection to accurately monitor and report on activity and waiting times for Specialist Outpatient Services across the NSW hospital system.

The Framework will:

- Define the scope of Specialist Outpatient Services
- Scope appropriate methods to consistently and accurately monitor waiting times, aligned with the emerging national model
- Define the referral process from General Practitioners, Emergency Departments and other acute services to Specialist Outpatient Services to ensure appropriateness of referrals.
- Determine Key Performance Indicators to measure patient access to, and use of, Specialist Outpatient Services
- Inform the purchasing of outpatient services under the Purchasing Framework for NSW Health

When complete the Framework will be rigorously tested by state wide Clinical Networks from the Agency for Clinical Innovation to ensure clinical appropriateness.



7. With regards to the Bureau of Health Information

- a. In which office is the media release for the quarterly report written?
- b. What input does the Ministry have in modifying the draft BHI report?
- c. Are press releases from the BOHI a) written, b) modified or c) approved by the NSW Health Ministry prior to being released?

**ANSWER:**

An answer with respect to media releases was provided at the Committee's examination on 23 August.

At the Bureau of Health Information's (BHI) request, the Ministry's reporting analysts undertake a peer review of the BHI's quarterly reports. The purpose of the review is to identify any errors and omissions in numerical or textual content of the reports, as well as to highlight for the BHI any data quality issues that may affect the reports (e.g. technical issues affecting data feeds from individual hospitals). The Ministry's feedback is aimed at assisting the BHI to ensure their reports are of high quality, but what feedback is accepted and incorporated in the reports is determined solely by the BHI.



8. With regards to the \$91 Million removed from the Health budget as per the Labour expense cap

- a. Is this \$91 Million broken down by Local health districts?
- b. If yes, what is the amount for each local health district?

**ANSWER:**

In 2013-14, the Health expenses budget grew by 5.2% to \$17.9 billion.

The 2013-14 Health expenses budget, as published in the 2013-14 Budget papers, is exclusive of the \$91 million labour expense cap. Local Health District expense budgets were on average 4.4% more than in 2012/13.



- 9. With regards to voluntary redundancies in the SES Local Health District
  - a. Do any plans exist to offer VRs at Prince of Wales Hospital in the 2013/14 financial year?
  - b. If yes, how many VRs will be offered?
  - c. In which areas will they be offered?

**ANSWER:**

Please refer to the answer given to the question taken on notice on Page 18 of the Budget Estimates transcript.



- 10. With regards to the Liverpool Hospital ophthalmology Clinic
  - a. Have you have stated that this clinic (page 42 of the transcript) is now accepting GP referrals?
  - b. If yes, since when?
  - c. How many have been seen at this clinic by GP referral since 1 April 2013?
  - d. What other Ophthalmology clinics in SWSLHD accept GP referrals?

**ANSWER:**

As a result of policy change by the former Sydney South West Area Health Service, the Liverpool Hospital Eye Clinic ceased accepting direct referrals from General Practitioners or Optometrists, effective from 12 January 2009.

The Bankstown-Lidcombe Hospital Eye Clinic and the Campbelltown Hospital Paediatric Ophthalmology Clinic both accept referrals from General Practitioners.



11. Wagga Wagga Hospital redevelopment

- a. Will the Minister confirm that this redevelopment on time and on budget?
- b. Has any “re-scoping” of modifying of the original plans been required?
- c. When will this redevelopment be completed?
- d. What is the currently estimated final cost?

**ANSWER:**

a) - d)

The redevelopment is tracking well, with Phase 1 due for completion in October and Phase 2 early works currently underway.

Some minor additional scope has been included in the project in order to facilitate the most effective means of redeveloping the existing site. The redevelopment is on track for completion of the Acute Services Building in early 2016, and completion of all works as scheduled in 2017. The currently estimated final cost is \$282 million, inclusive of \$12 million allocated under the COAG Sub-Acute Beds Program.



12. St George Hospital

- a. Given that you have stated that “there is a view that work needs on Sutherland before or in conjunction with the St George Hospital upgrade”[sic], how does this correlate with the SES LHD asset management plan (page 20) for functionality, building condition, and compliance issues that places St George in the “red” category, while Sutherland is ‘green’ for all these categories?’
- b. How is the issue of shared bathrooms in the ICU being addressed?
- c. Given that you have stated that the ED redevelopment is the foundation for the rest of the St George redevelopment, what studies have been done as to the adequacy of size of the



ED “footprint” for future floors above the ED.

- d. How many operating theatres are currently open at St George Hospital?
- e. How many operating theatres are currently unused at St George Hospital?
- f. How many ICU beds are currently open at St George Hospital?

**ANSWER:**

The NSW Government has committed \$39 million to rebuilding the emergency department at St George Hospital and further redevelopment will be considered in the future capital works.

The recommendation of the South Eastern Sydney Local Health District Board, which is based on advice from the District’s clinical and quality council, is that the redevelopment of Sutherland Hospital must come first. This will enable patients who could be treated at Sutherland Hospital to stay at Sutherland instead of being treated at St George Hospital, thus relieving demand on St George.

Patients receiving intensive care rarely access bathrooms independently. However, after each use, and between patients, the bathroom is thoroughly cleaned.

An intensive Master Planning process was undertaken by Health Infrastructure in 2011 identifying all options for the future use of the St George site consistent with future service needs. This included wide consultation with key stakeholders such as senior hospital staff, population planners, local government and urban planning. The foundations of the new ED have the capacity to support seven additional floors.

The number of operating theatres and ICU beds open at any point in time fluctuates according to operational need.



13. Mt Druitt Cardiac Unit

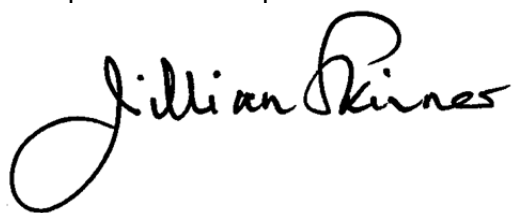
- a. When was your office first aware of the plan to close the ten cardiac beds at Mt Druitt Hospital?
- b. Did your office approve such a closure?
- c. In which part of Blacktown Hospital have the ten closed cardiac beds be re-opened?

**ANSWER:**

Decisions of this nature are a matter for the Local Health District.

Services at the Mount Druitt Campus continue to operate unchanged and the consolidation of Cardiac Services at the Blacktown Campus will take place when the new Clinical Services Building

is commissioned in 2015. The consolidation will enhance outpatient services at the Mount Drutt Campus due to the provision of additional cardiac rehabilitation sessions and specialist clinics.



14. With regards to the planned Northern Beaches Hospital

- a. When will staff be employed by new hospital
- b. Will they be expected to resign from NSW Health?
- c. Will they continued to be covered for Professional liability by NSW Treasury managed fund?
- d. Will they continue to be covered by the same awards under which they currently employed?
- e. Will redundancies be offered?
- f. Will the Minister rule out involuntary redundancies?
- g. What role will the Minister have in a) deciding and b) awarding the successful tender?

**ANSWER:**

A robust governance and probity process will be utilised to determine the shortlist of proponents from the Expression of Interest phase and to determine the appointment of the successful Hospital Operator.

It is anticipated that the Hospital Operator will be identified towards the end of 2014 and that discussions with staff regarding their opportunities to transfer to the Hospital Operator will occur thereafter. At this stage staff transfer is anticipated to occur in 2018 prior to the opening of the new Northern Beaches Hospital.

Current permanent staff who choose to transfer to the employment of the Hospital Operator will be become employees of the hospital prior to the opening. Staff who choose to transfer to the employment of the hospital operator will be covered under the hospital operator's liability.

Staff will retain their current entitlements if they transfer to the new hospital operator.

The NSW Government will require the hospital operator to maximise opportunities for current permanent staff to transfer to the employment of the Hospital Operator. It is anticipated that the majority of permanent staff in the transferring positions will be able to be accommodated in the new NBH. Where a position is not available with the new Hospital Operator, the placement of permanent staff will be managed in accordance with NSW Health's policy, with a focus on redeployment within NSW Health.



15. With regards to the Office of preventative health within Liverpool Hospital

- a. What was the expenditure for the 2012-13 financial year?
- b. What is the budget for the 2013-14 financial year?
- c. How many FTE staff are currently employed?
- d. In which positions?
- e. Which of these positions are defined as “front-line” staff
- f. How many positions are vacant?
- g. How many extra positions are planned for the 2013-14 financial year?

**ANSWER (a – g):**

In 2012-13 the expenditure of the NSW Office of Preventive Health was \$17.75 million.

The budget for the NSW Office of Preventive Health in the 2013-14 financial year is \$32.09 million.

There are currently 22.6 FTE employed in the NSW Office of Preventive Health.

The NSW Office of Preventive Health has a leadership team which includes the Director, Manager Strategy and Operations and Administration Officer. In addition, the NSW Office of Preventive Health includes the following teams which each have a manager and project staff:

- Healthy Children Initiative;
- Healthy Worker Initiative;
- Get Healthy Service; and
- Evaluation and Special Projects.

There are currently no vacant positions in the NSW Office of Preventive Health. An additional 3.0 FTE project positions will be recruited to support delivery of priority obesity prevention programs for children, young people and adults, ensuring that NSW meets its commitments to the Commonwealth Government as outlined in the approved Healthy Children and Healthy Worker Implementation Plans.



16. a. How will the additional \$35 million announced for palliative care last year be spent in the 2013-2014 financial year and the forward estimates?
- b. What actions are being taken by the Government to increase the proportion of the workforce employed in providing palliative care in New South Wales?
- c. Is the Government seeking to recruit specialist palliative care doctors and nurses from the United Kingdom, Ireland and New Zealand?
- d. What specific steps is the Government taking to expand palliative care services in

regional, rural and remote New South Wales?

e. What future plans does the Government have to increase the total amount of spending on palliative care in New South Wales?

**ANSWER:**

New services drawing on the \$35 million enhancement funds will be progressively introduced over the 2013/14 financial year with expenditure estimated at \$8.1 million. These services include the paediatric palliative care 'pop up' service, palliative care home support services and palliative care volunteer support services.

In addition, evaluation and research activities are being considered for commencement in 2014/15. In 2014/15, expenditure of the enhancement funds will total \$13.2 million and \$13.7 million in 2015/16.

These funds will purchase up to 1545 packages of home support in 2013/14, building to 2863 packages in 2015/16.

Under the State Nursing Strategy, 30 additional palliative care clinical nurse specialists and clinical nurse educators will commence with NSW Local Health Districts in 2013/14. The new palliative care home support services announced will also result in employment of health professionals and care workers employed in providing palliative care in NSW.

The NSW Government is not, as a State strategy, seeking to recruit specialist palliative care doctors and nurses from overseas.

The new palliative care services will be offered on a statewide basis, each reflecting a service model that reflects local needs and access, including regional, rural and remote residents. In addition the NSW Government will introduce in 2013/14 a palliative care after hours telephone help line that will increase access to assistance for most NSW palliative care patients. This is being supported from other funding sources. The paediatric palliative care 'pop up' service will also enhance the capacity of local services across NSW in supporting and providing palliation to children and their families.

Future plans for further Government investment in palliative care will be informed by current service planning and development, including *the NSW Government plan to increase access to palliative care 2012-2016* and the model of care being developed by the NSW Agency for Clinical Innovation's Palliative Care Network.



**17. Given:**

- a. The proposal by Crown Limited, conditionally approved by the Premier on July 4, for up to 20,000 square metres of "VIP gaming areas",
- b. The Crown submission's assertion that "Smoking will be permitted in all VIP gaming areas" and is "absolutely critical";

- c. The known serious health harm caused by second-hand tobacco smoke exposure, especially when repeated,
- d. The right of employees and patrons to a safe workplace uncontaminated by tobacco smoke,
- e. The commitment of the NSW government under the National Tobacco Strategy to the WHO Framework Convention on Tobacco Control to protect all people from tobacco smoke exposure, and
- f. The NSW Government's commitment under the NSW Tobacco Action Plan 2012-17 to 'advocate at a national level for a national approach on the issue of removing smoking ban exemptions for casino private gaming areas',
  - i. Can the Minister assure us that Workplace Health and Safety in NSW is not selectively subject to commercial dictates?
  - ii. What steps has the Minister taken or will the Minister take to end the continuing hazardous exposure of casino staff and patrons to toxic and carcinogenic second-hand smoke in these enclosed workplaces?

**ANSWER:**

The NSW Government has made a commitment under the *NSW Tobacco Strategy 2012-2017* to advocate for a national approach to removing smoking ban exemptions for casino private gaming areas. NSW continues to advocate for a national approach in appropriate forums.

The NSW Ministry for Health will continue to conduct the annual review of the exemption on smoking in the private gaming areas of The Star casino in accordance with section 11C of the *Smoke-free Environment Act 2000*. The terms of reference for the review is whether the exemption continues to be justified on the grounds of maintaining parity with smoking restrictions in casino private gaming areas in other Australian jurisdictions.

The review is conducted in consultation with The Star and United Voice (previously the Liquor, Hospitality and Miscellaneous Workers Union), representing The Star employees.

In the 2013 review, The Star advised that gaming employees are not required to work in a private VIP gaming room if they are concerned about exposure to cigarette smoke. United Voice advised that they have been working closely with The Star to:

- Ensure amendments to staff rosters to limit time able to be spent by workers in environments where smoking is allowed; and
- Ensure that the career progression of staff who choose not to work in the private gaming areas where smoking is allowed is not negatively impacted.



18. Does the Department of Health have any concerns regarding the health effects of elevated airborne particulate levels as a result of coal trains and coal stock piles in

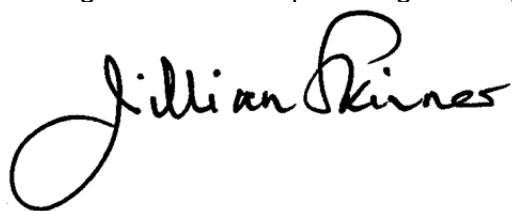
Newcastle?

**ANSWER:**

Health effects relate to the level and duration of exposure - not the amount emitted. Levels of dust particles measured close to their source of emission may not reflect community exposure to these particles.

Despite recent industry and community monitoring studies, it is still unclear to what extent particles from coal trains and coal stockpiles contributes to air pollution that communities are exposed to.

The NSW Government has commissioned a number of important environmental health studies that will improve our understanding of the particulate matter sources that are responsible for the majority of the community's exposure. These will support a rational approach to air quality management that will provide greatest public health benefit.



19. Is the Department considering any monitoring of the health impacts of elevated airborne particulate levels as a result of coal trains and coal stock piles in Newcastle?

20. Does the Department have statistics on hospital admissions in the Hunter New England Health District for respiratory illnesses that correspond to EPA announced air quality breaches along the Hunter coal chain?

**ANSWER:**

NSW Health has considered in some detail the feasibility of conducting a health study to assess the relationship between dust from mining activities in the Hunter region and health outcomes (including hospital admissions). There are three reasons why such a study is inappropriate:

- Large scale international studies show that the air pollutants that would be under investigation are known to cause illness, so such a study provides no new information about whether the air pollutants cause illness.
- A health study in NSW is unlikely to show a statistically significant health effect because the impacted population is too small, so it would not pick up an association even if in reality there is one.
- Such a study would likely be subject to biases.

NSW Health supports the work of the EPA as it establishes the Lower Hunter Air Quality Monitoring Network, and investigates the feasibility of a particle characterisation study in the Lower Hunter which will improve our understanding in these areas.





21. Can the Department provide estimates of increased health costs associated with increased hospital admissions resulting from elevated airborne particulate levels resulting from coal mining and transport in the Hunter Valley and Newcastle?

**ANSWER:**

The Ministry of Health currently does not have any figures with regards to this question.



22. How many on-road paramedics did NSW have each year from 2007 to the current?  
a. Of these yearly totals, what number were assigned to the Sydney Metro region?

**ANSWER:**

The data below reflects that reported in the NSW Health Annual Report 2011/12.

	June 2009	June 2010	June 2011	June 2012
Ambulance Clinicians	3,587	3,663	3,804	3,913



23. How many Intensive Care Paramedics did NSW have in each year from 2007 to the current?  
a. If the numbers for Intensive Care Paramedics have not increased, why is this the case?  
b. If the numbers for Intensive Care Paramedics have increased, how have these paramedics been assigned to various stations?

**ANSWER:**

Significant enhancements and advancements to the scope of clinical practice, equipment and capability of all paramedics has been achieved over time thereby reducing the previous reliance on intensive care paramedics. The reduction in cases involving severe trauma, coupled with higher levels of elderly patients suffering chronic medical conditions are now more readily managed by all paramedics.

Clinical profiling of response areas throughout the state has been undertaken to ensure the most logical distribution of Intensive Care Paramedic capability is available where needed throughout metropolitan and other more populated urban areas.

The data reflects actual FTEs as at 30 June each financial year. It excludes Station Officers and Station Managers who may have Intensive Care Paramedics qualifications, as Award variations over the years make this data incomparable.

Funded FTE	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
ICPs	448.34	425.41	402.47	412.61	448.86	439.08



24. For each year from 2007 to the current, how many Level 2 Paramedics were posted to non-24 hour stations?

**ANSWER:**

Funded FTE Level 2 at non-24 hr stations	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
	133.00	92.00	115.00	99.00	91.63	86.63

Note: Over time Level 2 Paramedics progress to higher level Paramedic FTE's which can result in a decrease in Level 2 FTE's.



25. Why are ambulance stations and job numbers not linked to population changes like all other emergency services?

**ANSWER:**

Population is not the only factor influencing demand for ambulance services. Ambulance demand is heavily influenced by the number of people in the older age groups. Half of the demand for ambulance services comes from people over 65 years of age. People in the 85 years and over age group have rates of utilisation of Ambulance services of over 1,000 incidents per 1,000 people in the community. For example, the growth in the number of older people will cause an increase in demand even in a community in which the total population numbers are falling.

There are a range of additional factors that contribute to changing utilisation rates which cause increased demand levels. These include levels of chronic disease, accessibility of transport options, accessibility of alternative health care providers particularly primary care services, and community expectations including improved awareness of benefits of early intervention.

These demand drivers in conjunction with the functional condition of current stations are used to determine priorities for the construction of new ambulance stations. The number and distribution of paramedic staff numbers are influenced by the same demographic and utilisation factors.



26. For each year from 2007 to the current, how many on-duty paramedic meal breaks have not been taken or have been interrupted?

**ANSWER:**

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
<b>Missed or interrupted meal breaks</b>	265,047	279,088	202,124	222,934	254,405	282,484

Paramedics who are interrupted during their crib break or who, due to operational demand, are unable to take a crib break, are financially compensated according to the current Award provision.

Prior to the implementation of the current Operational Ambulance Officers (State) Award in 2008, meal penalties were only paid to paramedics in the Sydney Metropolitan area and Central Coast. The new Award provided for all paramedics to the entitlement of a paid crib. The previous meal penalty was phased out in the Sydney Metropolitan Area and Central Coast between September 2008 and February 2009.

Note: Shifts of < 12hour duration are allocated one crib break of 30 minutes duration taken between the fourth and seventh hour.

Shifts of 12 hours are allocated two crib breaks of 30 min duration taken between the fourth and seventh hour and the eighth and eleventh hour.



27. For each year from 2007 to the current, what were staffing numbers for the North Coast and Central Coast regions?

a. For these regions and for each year, what were the average hours of overtime worked by paramedics?

**ANSWER:**

Criterion	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13

<b>Central Coast - Funded FTE</b>	171.00	190.00	196.00	190.00	186.00	186.00
<b>Central Coast - Average OT Hours Worked per FTE</b>	126.81	142.48	126.67	140.34	162.85	186.85
<b>North Coast - Funded FTE</b>	269.50	271.50	281.50	280.50	295.58	303.58
<b>North Coast - Average OT Hours Worked per FTE</b>	205.57	220.78	229.07	237.40	207.25	191.70

The state rescue board determined that NSW Ambulance divest itself from rescue services in metropolitan areas. Four of the rescue paramedic positions freed up on the Central Coast were transferred to road retrieval duties at Bankstown Helicopter Base. This explains the change in Central Coast funded FTE between 2010/11 and 2011/12.



28. How many "Expected Deployment Levels", are failed to be filled on a daily basis?

a. Are there any country areas where "expected deployment levels" do not exist? If so, what are these areas?

**ANSWER:**

NSW Ambulance does not routinely record instances where deployment levels are unable to be filled on an hour by hour/day by day basis. In general terms, any prescribed Zone or Sector deployment levels represent minimal levels for certain hours of the day. NSW Ambulance generally meets or exceeds these levels.

In accordance with the Memorandum of Understanding (1 July 2010 to 30 June 2014) between the Health Services Union (HSU) and NSW Ambulance (NSW Ministry of Health), minimum operating levels and local agreements were replaced with a sector/zone deployment based model across all areas of the state.



30. Across the service, what is the breakdown of job types? For instance, how many priority 1 jobs are there compared to how many priority 2?

a. What percentage of call outs require a code 3 urgent transport or backup?

**ANSWER:**

**Ambulance activity by priority, New South Wales, 2012-13**

<i>Priority</i>	<i>Incidents</i>	<i>Responses</i>	<i>Transports</i>
Emergency (Priority 1A-1CE)	547,691	699,360	432,805
Emergency (Priority 2-2CHE)	159,381	198,772	109,158
<i>Emergency (P1 &amp; P2)</i>	<i>707,072</i>	<i>898,132</i>	<i>541,963</i>
Time Critical (R3)	93,416	112,813	90,249
Aeromedical (R4) - road component	16,246	19,720	15,765
Treatments(R5)	49,509	52,647	46,157
After Treatment (R6)	58,154	61,583	54,683
Routine Transport (R7)	61,324	65,179	57,384
Sports / Special Events (R8)	7,807	9,065	614
Major Incident (M9)	85	122	2
<b>Total</b>	<b>993,613</b>	<b>1,219,261</b>	<b>806,817</b>

- (a) The ambulance emergency response priority is derived using the Medical Priority Dispatch System (MPDS). Incidents classified to Priority 1A to 1CE are the most serious emergency cases and require an immediate response using lights and sirens. For incidents classified to Priority 2 to 2CHE an ambulance either responds immediately or within specified timeframes without lights and sirens.

R3 to R8 incidents are non-emergency cases.

Code 3 refers to transports where the paramedics advise the destination hospital in advance of an incoming critically injured or ill patient.

In 2012/13, there were a total of 20,191 *code 3* transports or 3.7 per cent of all Emergency (P1& P2) transports.

There were 21 *code 3* transports performed while on a callout, representing 0.05% of all Emergency (P1& P2) transports performed on callouts.

No data is available from the Computer Aided Dispatch system to identify the proportion of call out backup.



29. For each year from 2007 to the current, how many Ambulance crews responded to call outs from hospital?

31. Per area, how often are there "no cars available" for call outs?

**ANSWER:**

Since 2010, the number of crews responding to call outs from hospitals has been steadily declining.

Standard Control Centre procedures changed in 2010. As a result, data on crews reflects more complete recording since that time and this data cannot be compared to years prior to 2010.

**Callouts to Hospitals, 2010-2013 (to 31 August)**

<b>Year</b>	<b>Crews</b>
<b>2010</b>	7,048
<b>2011</b>	6,538
<b>2012</b>	6,147
<b>2013 (to 31 August)</b>	3,867

*(Source Ambulance Computer Aided Dispatch system)*



32. How often are further away duty crews made first responders in preference to a more local crew that is on call?

**ANSWER:**

NSW Ambulance has strict policies in place to ensure the most appropriate ambulance response is initiated to all triple zero calls in accordance with the priority that is allocated to that call. Not all triple zero calls are life-threatening or urgent. Duty crews from adjoining response areas will respond to any calls, within predetermined and specified response timeframes, in preference to disturbing a local on-call crew and exacerbating paramedic concerns regarding fatigue.



33. Since 2007, how many Workers Compensation claims have been put through with bullying and harassment, or a version of bullying or harassment, as the main or primary cause?

**ANSWER:**



175

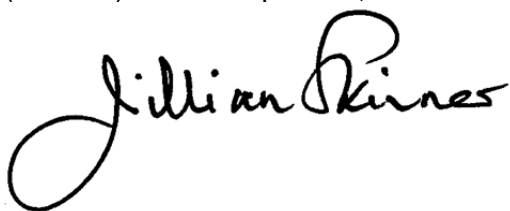


34. How often is Ambulance Service NSW unable to contact and recall paramedics via their preferred method of contact for either a call out or overtime?

**ANSWER:**

Ambulance Service NSW advises that the ability to contact and recall paramedics in accordance with on-call responsibilities is not an issue of concern.

Paramedics observe the requirements of on call and are available for an immediate response. Paramedics who are available to backfill vacancies on overtime indicate their availability on "MyShift" and are contacted as required. In all instances, paramedics can be contacted by fixed (landline) home telephones, mobile telephones or by two way radio.



35. How many current paramedic staff have undergone training in disaster management?

36. How many current paramedic staff have undergone training in:

- a. Chemical,
- b. Biological, and
- c. Radiation incidents?

**ANSWER:**

As at 4 September 2013, the following staff have undergone training:

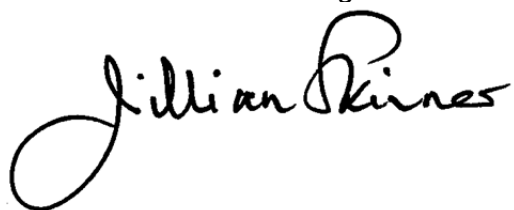
- 159 students on Induction received emergency / incident management training by the Special Operations Unit.
- 167 Students on Inservice 1 undertook emergency / incident management training through an Emergotrain exercise.
- 75 students participated in Emergency/Incident Management Training – call takers and dispatches.
- 116 students undertook the Emergency Management Training session which is an Ambulance Managers Qualification.
- 45 managers participated in the Regional Airport Security Programme for Counter Terrorism Training.
- 16 managers participated in Multi Agency Incident Training
- 2 Managers participated in the Counter Terrorism Commander Training.

Ambulance Forward Commanders Programme

- **267** Ambulance paramedics have completed the online *NSW & Commonwealth Emergency Management Framework* module and assessment.
- **193** Ambulance paramedics have completed the online *AMPLAN* (NSW Ambulance Major Incident/Disaster Plan) module and assessment.

As at 4 September 2013:

- 205 Special Operations Paramedics are trained and currently certified as **Chemical, Biological, Radiological, and Nuclear** (CBRN) responders. The Special Operations Paramedics are trained in all levels of Personal Protective Equipment.
- 196 NSW Ambulance paramedics and managers have completed the online *CBRN Awareness & CBRN Scene Management* module and assessment.



37. Since the implementation of the Ambulance Service of NSW Death and Disability (State) Award, how much has the Ambulance Service of NSW contributed annually?

38. Does the Ambulance Service of NSW receive any rebates from this broad spectrum cover?

**ANSWER:**

37.

Since 2007/08, the Ambulance Service of NSW has contributed an average of \$9.3 million annually to the NSW Death and Disability (State) Award.

38.

No



39. Since the implementation of the Ambulance Service of NSW salary package system, how much per year has the Ambulance Service of NSW made in:

- a. Annual fees?
- b. Contributions for base amount?
- c. Novated leases?

d. Meal and Entertainment?

**ANSWER:**

- a) NSW Ambulance is unable to provide this data as annual fees are not coded individually within the General Ledger and reporting systems have changed over the years.
- b) NSW Ambulance is unable to provide this data as all FBT payments are recorded under one code in the General Ledger.
- c) NSW Ambulance is unable to provide this data as annual fees and shared tax savings for novated leases are not coded individually within the General Ledger.
- d) Meal and Entertainment income has averaged approximately \$1.9m per annum since 2009/10;



40. In the Minister's recent undated open letter to NSW nurses and midwives, and the Newspaper advertisements of 24 July, the Minister states that 4000 extra nurses and midwives have been recruited since March 2011.

- a. Can the Minister provide details as to which hospitals/workplaces, rather than simply to which Local Health District, that these new nursing employees have been placed?
- b. Listed by workplace/hospital, can the Minister provide details on how many new full time equivalent (FTE) nursing staff have been recruited since March 2011?
- c. How many of these new FTE positions by hospital/workplace have been due to resignations or retirement of existing staff?

**ANSWER:**

- a. It is not possible to provide variances in nursing headcount from March 2011 to June 2013 by facility due to internal restructures of reporting service and clinical streams which has occurred over the previous 28 months. Undertaking variances between individual facilities between March 2011 and June 2013 would result in many facilities showing artificial increases or decreases in movements of staff.
- b. For the same reasons detailed in answer 40a, provision of increases in FTE from March 2011 to June 2013 cannot be provided by facility.
- c. Nil. The increase in FTE is net of staff who had resigned or retired.



41. In the Minister's recent undated open letter to NSW nurses and midwives, the Minister states that the Government "supported a 2.5% wage increase" for nurses and midwives. She later states that "The NSW Government has applied to the Industrial Relations Commission to ensure that nurses and midwives working in our public health system receive this pay rise."

a. Can the Minister explain why three days later, Ministry officials made an application for a 2.27% increase in wages for nurses and midwives in the NSW Industrial Relations Commission?

b. Did the Minister deliberately try to mislead nurses and midwives?

**ANSWER:**

The Minister's open letter to all nurses and midwives in the NSW public health system was published on 24 July 2013 and states that, "The Government has supported a 2.5% wage increase (including a compulsory superannuation increase) for nurses and midwives across the State, backdated to 1 July 2013."

On 8 August 2013 the NSW Ministry of Health made an application to the NSW Industrial Relations Commission for an increase to nurses' and midwives' salaries and salary related allowances of 2.27% (taking into account the compulsory superannuation increase), backdated to 1 July 2013.

The 2.27% increase in salaries and salary related allowances application, together with the compulsory superannuation increase, accords with the NSW Public Sector Wages Policy 2011.



42. Why has there been no new funding for the Isolated Patients Travel and Accommodation Scheme in either 2013-14 or 2012-13 budgets, given only \$7 million of the pre-election commitment of \$28 million over 4 years has so far been allocated?

43. Will the remaining \$21 million be allocated to IPTAAS in the 2014-15 budget to ensure this pre-election commitment is met?

**ANSWER:**

With respect to the NSW Government's commitment to provide additional funding of \$28 million for the Isolated Patients Travel and Accommodation Scheme (IPTAAS), \$7 million in recurrent funding was allocated from 2011-12, as published in the 2011-12 State Budget Papers. This is an annual amount.

The Government is on track to meet its commitment.

This allocation is in addition to the annual baseline IPTAAS funding allocations.



44. Is the Minister aware that the National Health and Medical Council's 2013 "Eat for Health – Australian Dietary Guidelines" reports that adult Australian men and women are consuming well above the daily recommended intake of meat?

45. Given that in response to a question on notice lodged by Dr John Kaye on 26 June 2013 the Minister endorsed the dietary advice contained in the National Health and Medical Council's 2013 "Eat for Health – Australian Dietary Guidelines", can the Minister outline what steps are being taken to encourage NSW community members to reduce their levels of meat consumption?

**ANSWER:**

The 2013 Australian Dietary Guidelines reports that men are consuming on average 693g of red meat a week which is slightly above the recommended weekly maximum of 455g. Women are only consuming 378g of red meat a week which is less than the recommended maximum.

NSW Health is currently reviewing all nutrition communication initiatives to ensure that the messages used are consistent with the 2013 Dietary Guidelines and provide practical, easy-to-implement advice for the community.

NSW community members are already being encouraged to follow a healthy diet that is in line with the 2013 Dietary Guidelines through a number of programs including:

- The Get Healthy® information and coaching service which provides individuals with tailored dietary advice that may include reducing the intake of red meat if this is appropriate.
- The 8700kJ campaign which encourages people to choose lower kilojoule fast foods. In doing so, it can help consumers choose foods with less meat that are also lower in saturated fat and salt.



46. Can the Minister outline what preventative measures NSW Health is currently undertaking to help lower the incidences of colorectal cancer in the NSW community?

**ANSWER:**

Major international efforts continue to study diet and health outcomes, one of which is cancer. These are huge studies that run over decades. The NSW Government continues to monitor the emerging outcomes of these studies.

In addition, NSW Health supports the advice contained in the 2013 Australian Dietary Guidelines which provide practical, easy-to-implement advice for the community.

The NSW Government currently runs a number of flagship preventive health programs that focus on reducing risk factors such as physical activity and diet. This includes the *Get Healthy Information and Coaching Service (Get Healthy)*.

Get Healthy provides free, confidential telephone-based health coaching that supports adults across NSW to make sustained improvements to their eating habits and levels of physical activity and achieve or maintain a healthy body weight.

This is an effective Service; coaching participants achieve an average weight loss of 4kg and a 5cm decrease in waist circumference which are clinically significant improvements. In addition, participants increase their vegetable intake by one serve each day, reduce their consumption of takeaway meals and increase their walking by 30 minutes each week.

The Cancer Institute NSW is Australia's first statewide government funded cancer control agency. The Cancer Institute NSW was established in 2003 to lessen the impact of cancer in NSW. Detailed information regarding the work of the Cancer Institute, its objectives and programs areas available on their website, including the the NSW Cancer Plan 2011-2015.



47. What funding is currently allocated to neuropsychologists to undertake research or treatment for victims of sexual trauma?

48. What evidence has been gathered regarding the possible efficacy of neuropsychological approaches to treatment of sexual trauma?

**ANSWER:**

Advice on funding allocated for research for victims of sexual trauma is not held centrally.

The efficacy of neuropsychological responses to sexual trauma needs to be understood within the context of a Trauma Informed Practice Framework. This involves a recognition and acknowledgement of trauma and its prevalence, alongside awareness and sensitivity to its dynamics. This framework also encompasses gender sensitive responses and culturally safe practices. It is grounded in and directed by a thorough understanding of the social, emotional, psychological, neurological and biological effects of interpersonal violence. Ongoing assessment of current safety is a critical component of this work.

NSW Health has identified key theorists in this field which have provided evidence that trauma impacts on brain functioning (Schoré 2001<sup>1</sup>, Perry 2009<sup>2</sup> & Cozolino 2005<sup>3</sup>). Kezelman and

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<sup>1</sup> Schoré, A. (2001), 'The effects of early relationship trauma on right brain development, affect regulation and infant mental health', *Infant Mental Health Journal*, Vol. 22(1-2), 201 – 269.

Stavropoulos refer to the implications this has on clinical practice.<sup>4</sup> The neuropsychological responses to sexual trauma have assisted practitioners to understand the impact of trauma on the brain, as well as the biological and psychological consequences. This has contributed to an understanding of the outcomes for victims' relationship attachments as well as affect regulation when managing overwhelming emotional states. It is important to note that this literature acknowledges the coexistence of sexual assault trauma with other forms of trauma such as domestic violence, physical abuse, emotional abuse and neglect.

To work effectively with sexual assault victims, it is useful to be equipped with understandings of neuropsychology as prolonged childhood trauma may significantly impact on the nervous system, including particular brain structures and connectivity, affecting functioning of the individual at various stages over the lifespan. This needs to be considered within a Trauma Informed Practice framework.



49. How many urgent care centres are currently operating in NSW public hospital system?  
a. Is Bulli included as a UCC considering it is actually named Urgent Primary Care Centre?

50. How many Urgent Care Centres are being considered or are in planning stage?  
a. Which hospitals are under consideration for an Urgent Care Centre?  
b. What is the consultation process undertaken by the Department in making the decision to introduce a UCC?

51. Why has an evaluation of the 5 pilot UCCs not been undertaken as was promised in last year's Budget Estimates hearing?

52. Are Urgent Care Centres subject to the four hour emergency rule?

**ANSWER:**

There are currently five pilot Urgent Care Centres (UCCs) operating in NSW.

A formal independent evaluation of the five pilot UCCs is currently being undertaken via the NSW Agency for Clinical Innovation (ACI). The evaluation is in the data analysis and stakeholder consultation phase. Data for this evaluation is complex, and relies upon both existing electronic Emergency Department data collections, as well as manually collected data from each pilot site. The evaluation is on track to be completed by the end of 2013.

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<sup>2</sup> Perry, B. D. (2009), 'Examining Child Maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics', *Journal of Loss and Trauma*, Vol. 14, pp. 240 – 255.

<sup>3</sup> Cozolino, L. J. (2005), 'The Impact of Trauma on the Brain', *Psychotherapy in Australia*, Vol. 11, No. 3, pp. 22 – 35.

<sup>4</sup> Kezelman, C. & Stavropoulos, P. (2012), 'The Last Frontier: Practice guidelines for treatment of complex trauma and trauma informed care and service delivery', *Adults Surviving Child Abuse (ASCA)*.



It is the decision of Local Health Districts which models of care they implement to ensure delivery of optimal, efficient, high quality care. The outcome of the formal review of UCCs being conducted by the ACI will be provided to Local Health Districts in order to inform their local decisions.

The Urgent Care Centre model is currently a pilot model of care until the completion of the formal evaluation. Patients treated in the pilot UCC sites are still classified as Emergency patients and are therefore subject to the National Emergency Access Target.

In 2012, the Illawarra Shoalhaven Local Health District Health Care Services Plan '*Working Together Building Healthy Futures*' confirmed the emergency services at Bulli Hospital as a Level 2, and there is now an Urgent Primary Health Care Centre operating between 7am and 10pm seven days a week to better reflect its role. The Centre is not part of the Urgent Care Centre trial.



53. Considering crucial medical procedures for a female-to-male gender reassignment, such as a phalloplasty, are not available in Australia, what is the Department doing to recruit or generate such expertise in NSW?

**ANSWER:**

Gender reassignment is generally not available within the NSW public health system in accordance with the provisions of *Policy Directive 2012\_011 Waiting Time and Elective Surgery Policy* which identifies gender reassignment as a discretionary procedure except in relation to congenital abnormalities in children.

All Local Health Districts have discretion to allocate funds to local priorities and may in some circumstances contract with a private provider for services for a public patient that are generally not available within the public health system. If a referring doctor wishes to recommend gender reassignment surgery, then they need to seek approval from the Local Health District.



54. Will the Minister advocate among interstate and federal ministerial colleagues for these essential surgeries to be subsidised by Medicare?

a. If not, why not?

**ANSWER:**

Medicare is a matter for the Federal Minister for Health. If a request was received seeking support for subsidy via Medicare of gender reassignment surgery, then the matter would be referred to the Federal Minister for Health for consideration.

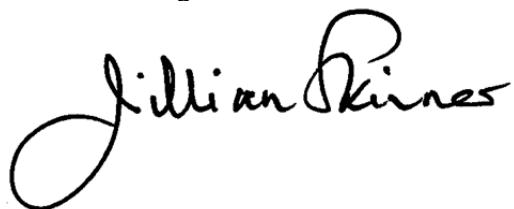


55. In light of the recent findings by the Cancer Council that one in four tobacco retailers do not comply with rules about the selling of cigarettes, what steps has the government taken to increase compliance of rules monitoring the sale of this product?

56. Will the Minister consider the licensing of tobacco vendors as a method of monitoring the sale of this product?

**ANSWER:**

I refer the Member to the answer given by me to a Question Without Notice from Mr Jamie Parker MP on 29 August 2013.



57. What is the average waiting period for children referred by a GP to a specialist in a Child and Adolescent Health Team in:

a. NSW?

b. The Hunter New England Local Health District?

58. What steps is the NSW government taking to reduce these waiting times?

**ANSWER:**

Data on waiting times for these services is not routinely collected at central level. Local Health Districts are responsible for determining the services that are provided to local communities.



59. Have there been any requests from the NSW Department of Planning made to NSW Health for information regarding the health impacts of wind farms since December 2011?

60. If so, what was the nature of that advice?

61. Does NSW Health support the current advice from the National Health and Medical Research Council regarding the health impacts of wind farms?

**ANSWER:**

The NSW Health supports the NHMRC's public statement on wind turbines and health.

NSW Health is maintaining a watching brief on the current scientific research on adverse health impacts from wind turbines and have participated in the development of NSW Department of Planning Guidelines for wind farms ensuring that noise, shadow flicker, electric and magnetic fields, visual amenity and other social and economic impacts are adequately considered.



62. Noting the recent findings by the NSW Auditor-General that the cost of alcohol-related abuse in 2010 to the NSW Health system was \$575.7 m, what is the Minister doing to reduce the costs of alcohol-related abuse to the NSW health system?

**ANSWER:**

The Government's response to the Auditor-General's Report is available on the Auditor General's website.



63. What consultation does NSW Health have with the Office of Liquor Gaming and Racing in relation to licence applications by venues or package liquor outlets?

64. What resources does the Minister dedicate to responding to Community Impact Statements for new liquor licence applications?

65. In the last 12 months how many Community Impact Statements for new liquor licence applications did NSW Health respond to?

66. In the last 12 months has the department not recommended a licence application as part of the Community Impact Statement?

**ANSWER:**

NSW Health confers regularly with the Office of Liquor, Gaming and Racing on policy relevant to liquor licensing.

NSW Health also responds to any Community Impact Statement requests by the Office of Liquor, Gaming and Racing as part of its government role.

The specific duty of assessing licence applications for any community impacts is one that NSW Health undertakes to determine health related impacts, and is undertaken within existing resources. This is appropriately not a joint assessment with the resulting advice subsequently provided to the Office of Liquor, Gaming and Racing.



67. Will the Minister or the department be providing a submission to the review of the Liquor Act 2007?

68. What involvement will the department have as part of the Liquor Act 2007 review process?

69. Will the Minister be meeting with Minister Souris to discuss the Liquor Act 2007 review?

**ANSWER:**

As a key stakeholder identified by the Office of Liquor, Gaming and Racing, NSW Health will participate in the consultative process established for the review. As these matters relate to a number of portfolio agencies, whole of government consideration is expected.



70. Was the Minister aware that the Office of Liquor, Gaming and Racing were reviewing the Liquor Promotion Guidelines?

a. If so, was NSW Health invited to be involved?

b. Has NSW Health requested to be involved?

**ANSWER:**

No.



71. Was NSW Health involved in the review of the Liquor Promotion Guidelines in any way?

72. Was NSW Health involved in the development of the Out Tonight? Party Right website?

73. There is a section on the Out Tonight? Party Right website titled "Alcohol and Health", did NSW Health recommend and/or have input into this information?

74. Does NSW Health intend to review the information on the Out Tonight? Party Right website to ensure that all information and advice published is accurate and evidence-based?

**ANSWER:**

No.



75. Since the imposition of the \$775 million labour expense cap and \$2.2 billion efficiency savings from the Health budget announced in September 2012,

- a. How many beds have been closed down?
- b. How many wards have been closed down?

**ANSWER:**

The management of beds and wards is the responsibility of Local Health Districts. The number of available beds in each hospital tends to vary from day to day and week to week depending on the expected patient demand.

From 2012/13, a new funding model was introduced which has made LHD funding and activity transparent. In 2012/13, NSW Health purchased an additional 38,000 cost weighted inpatient separations across the system; this additional activity translates to the equivalent of a total of 369 beds/treatment spaces.



76. What was the total number of “frontline workers” in the NSW public health system

- a. In August 2012?
- b. Currently?

**ANSWER:**

	June 2012	June 2013
FTE	87167	99407

Source: Public Sector Commission Workforce Profile Collection

- 1. August 2012 is not available, June 2012 is provided in its place
- 2. June 2013 figures are still preliminary and have not been reported by the Public Sector Commission
- 3. Some of the increase in Frontline staff is due to improved coding of the health workforce



77. What overall budgetary allocation has been made to ensure that the department's NSW WHS Act 2011 Officers are discharging their due diligence duties?

78. What specific budgetary allocation has been made to ensure compliance with the department's duties relating to;

- a. ensuring that HSRs receive their entitlement to training, including the 5 day WorkCover accredited HSR training course,
- b. that workers receive training and instruction about work health and safety
- c. that the department consult with workers and their representatives?

79. Has the department given its list of HSRs to the WHS Act regulator, WorkCover?

80. On what basis does it update WorkCover of HSR formation?

81. What are the administrative and budgetary arrangements to fund and keep records of

- a. work group formation,
- b. HSR elections,
- c. HSR training?

82. What budgetary allocation was made to ensure compliance with the department's duties relating to transitioning;

- a. OHS ACT work groups to WHS Act work groups,
- b. OHS Act policy or procedure to WHS Act policy or procedure
- c. OHS Act Workplace health and safety management plans to WHS Act Workplace health and safety management plans,
- d. OHS Act Asbestos registers, OHS Act asbestos management plans and OHS Act asbestos removal plans to WHS Act compliant documents

83. What budgetary allocation has been made to ensure compliance, with the department's duties relating to identifying and health monitoring its workers, whom are at risk of asbestos exposure in the carrying out of asbestos-related work?

85. What budgetary allocation has been made to ensure that the department is implementing its role in respect to the WHS Strategy, both as a PCBU with its workers and in respect to departmental procurement policy?

**ANSWER:**

The WHS obligations under WHS legislation is met from within the overall budget of the Workplace Relations Branch in the NSW Ministry of Health.

Staff within the Ministry receive WHS information during their induction. The Ministry meets WHS legislative requirements via a WHS Committee, and as required on any specific or individual matter. Ministry WHS policies have been updated to reflect legislative changes.



84. What WHS Act due diligence considerations are currently underway in the department?

**ANSWER:**

Please refer to Ministry of Health policy document *PD2013\_005 Work Health and Safety: Better Practice*



86. What budgeted activities and programmes is the department proposing or currently undertaking in respect to the WHS Strategy?

**ANSWER:**

As part of the Healthy Lifestyles program, the *Get Healthy information and coaching service* was made available to employees aiming to improve health and achievement of health-related goals;



WHS awareness strategies included regular induction training, WHS workplace assessments, Safe Work Week promotion, influenza vaccination programs, Australian Red Cross Blood donations and workplace clean-up days. These initiatives are managed within the overall budget of the Ministry's Workplace Relations Branch



87. Can the department supply its WHS Act due diligence safety impact statements related to the implementation of the WHS Strategy?

**ANSWER:**

The Ministry uses a reporting system that ensures information about incidents, emerging hazards are communicated, considered, acted upon promptly and remedial actions are monitored. Decision making relating to WHS matters includes (but is not limited to) consulting with workers about WHS hazards when identifying and managing health and safety risks.



## Medical Research

1. With regards to Naltrexone, and the recent GPSC 2 inquiry into drug and alcohol treatment, which stated (recommendation 4):

*That if naltrexone implants are approved for use by the Therapeutic Goods Administration, that the NSW Government fund a randomised control trial comparing naltrexone implants with other licensed treatments used to treat opioid dependence, if such a trial is not successful in securing funding from the National Health and Medical Research Council.*

- a. What approval would be required by the NSW Government for a trial of Naltrexone implants if the Therapeutic Goods Administration approves their use for research?
- b. If the NH and MRC do not grant funding for a trial, will NSW fund a trial as recommended by GPSC2?
- c. If NH & MRC do approve such a trial, would NSW help in recruiting patients for such a trial?
- d. Which NSW ethics committee would be required to approve such a trial?
- e. How would NSW Health choose which staff/facility/NGO would conduct such a trial?
- f. Would the money for such a trial be allocated from the Medical research budget?
- g. If no, would money be allocated as an enhancement from the NSW Health budget?
- h. How would patients be recruited for such a trial?
- i. Given that a randomised control trial would require a placebo arm, how would approval for insertion of a placebo implant be obtained?

### **ANSWER:**

The recommendations of the Committee are being considered by Government.

Generally, no specific approval is provided by the NSW Government for individual medical research projects.

Any proposals for research need to be considered in the context of other proposals, priorities of the government and within the limited funding available

It is not possible to comment on funding given that the Therapeutic Goods Administration has not given approval for naltrexone.



## General Questions

1. What is your relationship to Michael Photios?
2. How often do you speak to him?

### **ANSWER:**

I speak to Michael Photios periodically as a friend, but not in the context of any Health portfolio-related matters.



7. Did you attend his wedding?

### **ANSWER:**

No.



8. Did Michael Photios vote in your preselection?

### **ANSWER:**

Michael Photios has voted on some of my preselections.



3. Have you met with clients of PremierState?
4. On how many occasions and what dates did you meet with Michael Photios or representatives of PremierState?
5. What was discussed at these meetings?

6. On how many occasions have you declined to meet with Michael Photios or a client of PremierState?

9. Have you met with lobbyists other than PremierState?

10. On how many occasions have you met with a lobbyist, and what were the dates

11. Which lobbyists have you met with, and what was discussed?

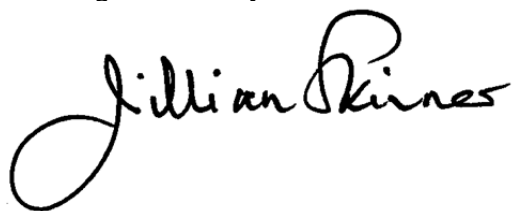
12. On how many occasions have you declined to meet with a lobbyist?

13. To deliver greater transparency and accountability, will you publish a monthly online diary of all meetings with lobbyists?

14. In order to deliver greater transparency and accountability, as promised by the Premier, will you commit to keeping a record of all lobbying activities and documentation and allow them to be subject to the Government Information (Public Access) Act?

**ANSWER:**

Meetings with lobbyists are in accordance with the NSW Lobbyist Code of Conduct.



15. Since becoming a Minister, have you taken any interstate or intrastate trips involving overnight accommodation or flights?

**ANSWER:**

Yes



16. Will you provide a list to the committee of the details of all travel?

**ANSWER:**

Information regarding travel is available on the Department of Premier and Cabinet Disclosure Log at [http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).

Travel is in accordance with the 'Policy on Official Travel within Australia and Overseas' available at

[http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0020/156026/Official Travel Policy within Australia and Overseas - August 2013.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0020/156026/Official_Travel_Policy_within_Australia_and_Overseas_-_August_2013.pdf).



17. Have you taken any trips intrastate or interstate to attend Liberal/National Party functions? What are the details of the trips including dates and costs?

**ANSWER:**

Information regarding travel is available on the Department of Premier and Cabinet Disclosure Log at [http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).

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18. Have you taken any trips intrastate or interstate to attend lobbyists' functions? What are the details of the trips including dates and costs?

**ANSWER:**

Information regarding travel is available on the Department of Premier and Cabinet Disclosure Log at [http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).

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19. Were these trips paid for by the taxpayer?

**ANSWER:**

Information regarding travel is available on the Department of Premier and Cabinet Disclosure Log at [http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).

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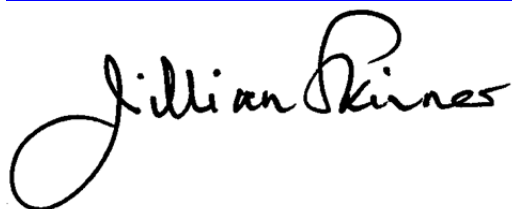


20. Were these trips booked through the government travel management system?

**ANSWER:**

Information regarding travel is available on the Department of Premier and Cabinet Disclosure Log at [http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).

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21. Since becoming a Minister, have you paid back money to the state because you booked unauthorised travel with the government travel management system? How much? When did you travel? When did you pay back the money? How many occasions has this happened?

**ANSWER:**

Information regarding reimbursement payments is available on the Department of Premier and Cabinet Disclosure Log at [http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).



22. Have you had meetings scheduled interstate or intrastate on Fridays or weekends which involved you staying overnight?

**ANSWER:**

Information regarding travel is available on the Department of Premier and Cabinet Disclosure Log at [http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).

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23. Did you take your spouse/partner on these trips?

**ANSWER:**

Information regarding travel is available on the Department of Premier and Cabinet Disclosure Log at [http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).

Travel is in accordance with the 'Policy on Official Travel within Australia and Overseas' available at [http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0020/156026/Official\\_Travel\\_Policy\\_within\\_Australia\\_and\\_Overseas\\_-\\_August\\_2013.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0020/156026/Official_Travel_Policy_within_Australia_and_Overseas_-_August_2013.pdf).



24. Have any members of your staff made complaints to or raised concerns with you, your Chief of Staff or the Department of Premier and Cabinet about bullying in your office?

**ANSWER:**

Information on Department of Premier and Cabinet Memorandum 'Dignity and Respect: Policy and Guidelines on Preventing and Managing Workplace Bullying' can be found at [http://www.dpc.nsw.gov.au/announcements/ministerial\\_memoranda/2007/m2007-02](http://www.dpc.nsw.gov.au/announcements/ministerial_memoranda/2007/m2007-02).






25. If so, have any members of your staff resigned or been removed from their position after making such a complaint or raising such concerns?

**ANSWER:**

Information on Department of Premier and Cabinet Memorandum 'Dignity and Respect: Policy and Guidelines on Preventing and Managing Workplace Bullying' can be found at [http://www.dpc.nsw.gov.au/announcements/ministerial\\_memoranda/2007/m2007-02](http://www.dpc.nsw.gov.au/announcements/ministerial_memoranda/2007/m2007-02).



26. How many blackberries or smart phones are assigned to your staff?

**ANSWER:**

169 phones have been issued to the Premier's Office and Ministers Offices.



27. For each phone, how much was each bill in the 2012/13 financial year?

**ANSWER:**

The total expenditure on all phone types by the Premier's office and Ministers' offices as represented in the department's financial system is set out in the table below. Please note that this expenditure may include mobile phone purchase costs as the financial system does not separate the purchase costs and mobile usage charges.

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
<b>TOTAL</b>	\$483,310	\$578,691	\$434,854	\$188,761	\$197,226	\$232,286

Note. 2010-11 figures are a combination of 9 months of Keneally Government and 3 months of O'Farrell Government.



28. How many have phones have been lost in your office?

**ANSWER:**

For Premier's Office and Ministers' offices, the number of phones lost was 5.



29. What is the cost of replacing those phones?

**ANSWER:**

The cost is the normal contract price and this cost is claimed through the NSW Treasury Managed Fund.



30. How many iPads or tablet computers does DPC assign to your Ministerial office and to whom have they been issued?

**ANSWER:**

The number of iPads issued for the Premier's office and Ministers' offices for 2012/13 is 75.



31. How many iPads or tablet computers have you purchased for your office and to whom have they been issued?

**ANSWER:**

iPads are supplied by DPC.



32. How many iPhones or other smart phones does DPC assign to your Ministerial office and to whom have they been issued?

**ANSWER:**

169 phones have been issued to NSW Ministerial Offices.



33. How many iPhones or other smart phones have you purchased for your office and to whom have they been issued?

**ANSWER:**

iPhones or Smart Phones are supplied by DPC.



34. How many iPhones or other smart phones have been lost in your office?

**ANSWER:**

For Premier's Office and Ministers' offices, the number of phones lost was 5.



35. How many iPads or tablet computers have been lost in your office?

**ANSWER:**

For Premier's office and Ministers' offices the number of iPads lost was 2.



36. What is the cost of replacing those phones or iPads or tablet computers?

**ANSWER:**

The cost is the normal contract price and this cost is claimed through the NSW Treasury Managed Fund.



37. How many media or public relations advisers are employed for each of your portfolio agencies?

38. What is the forecast for 2013-14 for the number of media or public relations advisers to be employed and their total cost?

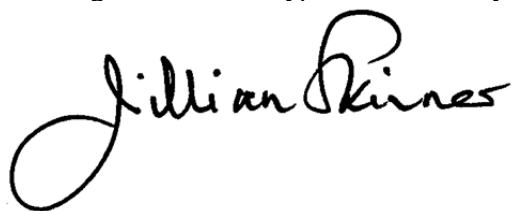
**ANSWER:**

37-8

I am advised:

Information on media/public relations staff across NSW Health is not collected or held centrally.

Staffing levels for all types of staff vary from time to time to meet local requirements.



39. Have any of your overseas trips in the past year been paid for in part or in full by using public money?

**ANSWER:**

Information regarding travel Information regarding Ministerial travel is available on the Minister's appropriate agency website, in accordance with Ministerial Memorandum M2009-10 "Release of Overseas Travel Information".



40. If so, did any of your relatives or friends accompany you on these trips?

**ANSWER:**

Information regarding travel Information regarding Ministerial travel is available on the Minister's appropriate agency website, in accordance with Ministerial Memorandum M2009-10 "Release of Overseas Travel Information".



41. What is the annual remuneration package for your chief of staff?

**ANSWER:**

Ministerial staff numbers and salary bands are available on the DPC website at:  
[http://www.dpc.nsw.gov.au/about/publications/premiers\\_and\\_ministers\\_staff\\_numbers](http://www.dpc.nsw.gov.au/about/publications/premiers_and_ministers_staff_numbers).



42. What is the annual remuneration package for your head media advisor?

**ANSWER:**

Ministerial staff numbers and salary bands are available on the DPC website at:  
[http://www.dpc.nsw.gov.au/about/publications/premiers\\_and\\_ministers\\_staff\\_numbers](http://www.dpc.nsw.gov.au/about/publications/premiers_and_ministers_staff_numbers)



43. What is the annual remuneration package for each of your staff?

**ANSWER:**

Ministerial staff numbers and salary bands are available on the DPC website at:  
[http://www.dpc.nsw.gov.au/about/publications/premiers\\_and\\_ministers\\_staff\\_numbers](http://www.dpc.nsw.gov.au/about/publications/premiers_and_ministers_staff_numbers)



44. What is the estimated expenditure for your office budget in 2012-13?

**ANSWER:**

Information regarding Premier's Office and Ministerial Offices budget and expenditure is available on the Department of Premier and Cabinet Disclosure Log at  
[http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).



45. Have any office renovations or fit outs been undertaken in your ministerial office since April, 2011?

**ANSWER:**

Information on the assets balances for leasehold improvements are available in the Department of Premier and Cabinet Annual Report.



46. If so, could you give details of contracted costs?

**ANSWER:**

Information on the assets balances for leasehold improvements are available in the Department of Premier and Cabinet Annual Report.



47. What is your Ministerial office budget for 2013/14?

**ANSWER:**

Information regarding Premier's Office and Ministerial Offices budget and expenditure is available on the Department of Premier and Cabinet Disclosure Log at  
[http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).



48. How many political advisors are in your office?

**ANSWER:**

Ministerial staff numbers and salary bands are available on the DPC website at:  
[http://www.dpc.nsw.gov.au/about/publications/premiers\\_and\\_ministers\\_staff\\_numbers](http://www.dpc.nsw.gov.au/about/publications/premiers_and_ministers_staff_numbers)



49. How many administration staff?

**ANSWER:**

Ministerial staff numbers and salary bands are available on the DPC website at:  
[http://www.dpc.nsw.gov.au/about/publications/premiers\\_and\\_ministers\\_staff\\_numbers](http://www.dpc.nsw.gov.au/about/publications/premiers_and_ministers_staff_numbers)



50. How many Department Liaison Officers are assigned to your office?



**ANSWER:**

Number of Department Liaison Officers (DLOs) are:

	Number of DLOs as at 5/09/2012	Number of DLOs as at 30/06/2013
Premier	1	1
Ministers	57	54
TOTAL	58	55



51. How many staff in the Department are assigned to Ministerial support duties?

**ANSWER:**

I am advised:

All Ministry staff are directly or indirectly involved in the provision of information and support on health matters for the Minister.



52. Are any contractors or consultants working in your ministerial office?

**ANSWER:**

Financial statements, including expenditure on consultants, are available in agency annual reports.



53. If so, in what capacities?

**ANSWER:**

Financial statements, including expenditure on consultants, are available in agency annual reports.



54. How much did your Ministerial office spend on contractors or consultants?

**ANSWER:**

Financial statements, including expenditure on consultants, are available in agency annual reports.



55. How much did your Ministerial office spend on taxi fares, including Cabcharge in the 2012/13 financial year?

**ANSWER:**

Taxi expenditure by the Premier's office and Ministers' offices as represented in the Department's financial system is represented in the table below.

	2008-09	2009-10	2010-11	2011-12	2012-13
<b>TOTAL</b>	\$160,155	\$175,776	\$60,277	\$96,094	\$92,829

Note. 2010-11 figures are a combination of 9 months of Keneally Government and 3 months of O'Farrell Government.



56. Are any of your portfolio agencies undergoing a restructure?  
57. How many jobs are expected to be cut as a result of that restructure?  
58. How many people are expected to have their wages cut as a result of that restructure?

**ANSWER:**

56 – 58

I am advised:

The Ministry of Health continuously review structures to improve the efficient and effective delivery of health services to the people of NSW.

Where services need to be reconfigured or relocated to provide better patient care the primary aim is to redeploy any affected staff.

Wage cuts are not a feature of restructuring. However, employees whose positions are deleted and who have declined voluntary redundancy and opted for redeployment may choose to accept a position at a lower wage level.



59. How many voluntary redundancies were offered in your Departments since April 2011?  
60. How many voluntary redundancies were accepted from employees in your Departments since April 2011?  
61. How many voluntary redundancies are expected to be offered in 2013/14?

**ANSWER:**

59 – 61

The Government's program of voluntary redundancies remains on track.

This includes the target of 5,000 positions announced in the 2011/12 Budget and the labour expense cap introduced in the 2012/13 Budget. Directors General will be given as much flexibility as possible to achieve the Labour Expense Cap savings in the most appropriate way to meet the service requirements of their agencies. Nurses, police officers and teachers in schools have been quarantined from this measure.



62. How much did your Department(s) spend on catering in 2012/13?  
63. How much did your Department(s) spend on stationery in 2012/13?  
64. What is your Department's catering budget?  
65. What is your Department's stationery budget?

**ANSWER:**

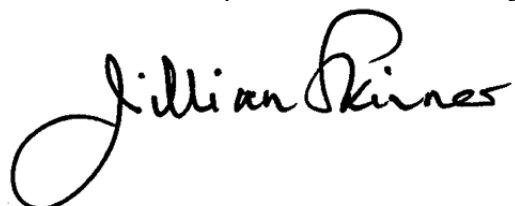
I am advised:

62 and 64

The NSW Ministry of Health does not have a specific budget allocation for catering. Expenditure on catering is generally not provided unless the meeting involves participation of persons from outside the organisation and the provision of the meal must be substantiated by the scheduled time of the meeting. Costs are managed within goods and services expenditure.

63 and 65

The NSW Ministry of Health does not have a specific budget allocation for stationery. Expenditure on printing and stationery is contained within the audited Financial Statements published each year in the Annual Report. Costs are managed within goods and services expenditure.



66. Since April 2011 have any of the agencies in your Department(s) changed their branding?


67. If so, how much was spent on rebranding the agency?

**ANSWER:**

66 - 67

I am advised:

The NSW Department of Health changed its status to the Ministry of Health in October 2011. The former Department, now Ministry, already carried the generic logo as a health agency. This was not required to be changed.



68. How long is the average turnaround for responding to correspondence in your Department(s)?

**ANSWER:**

The Department's recommended time frame for completing responses to correspondence from Ministers, Members of Parliament and members of the public is 20 working days from the Department's receipt of the correspondence.

However, it is not always possible to comply with this time frame for any number of reasons including: the nature and complexity of the matter; stakeholder consultation; or further information required from other Departments and sources.

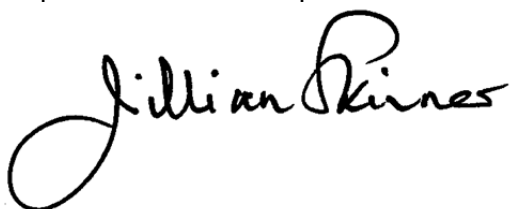


69. How many pieces of correspondence have been outstanding for more than 60 days?

**ANSWER:**

The Department's recommended time frame for completing responses to correspondence from Ministers, Members of Parliament and members of the public is 20 working days from the Department's receipt of the correspondence.

However, it is not always possible to comply with this time frame for any number of reasons including: the nature and complexity of the matter; stakeholder consultation; or further information required from other Departments and sources.



70. In 2012/13 how many invoices has your Department(s) failed to pay a supplier or contractor for more than 30 days?

**ANSWER:**

Information regarding "30 days to pay" policy is available at  
<http://www.finance.nsw.gov.au/30days/how-government-will-report-policy>.



71. As a result of late payment, how much penalty interest has been paid to contractors since 1 January 2011?

**ANSWER:**

Information regarding "30 days to pay" policy is available at  
<http://www.finance.nsw.gov.au/30days/how-government-will-report-policy>.



72. How many invoices have been outstanding for longer than 60 days?

**ANSWER:**

Information regarding “30 days to pay” policy is available at  
<http://www.finance.nsw.gov.au/30days/how-government-will-report-policy>.



73. Does your department provide recurrent grant funds to non-government organisations?

If yes,

- a. What are the names of all organisations in receipt of funding?
- b. What is the total amount of funding received by each organisation including goods and services tax?
- c. On what date was the funding advanced?
- d. What was the purpose for each grant or funding advance?
- e. Was any funding withheld or returned?
- f. If so, what were the reasons for withholding or requiring the funding to be returned?
- g. What is the indexation rate applied to non-recurrent grant funds in 2013/2013 (sic)?
- h. What are the details of any costs involved in each study, audit, taskforce or review?
- i. Have any provisions been included in grant agreements to prohibit these organisations from criticising the Government or any of its policies?

**ANSWER:**

I am advised:

a. b. & d.

Information regarding grants provided by the Ministry of Health to Non Government Organisations (NGOs) under the NSW Health NGO Grant Program is published each year in the Annual Report, including the names of all organisations in receipt of funding, the total amount of funding received by each organisation, excluding goods and services tax and the purpose of each grant.

- c. Generally NGOs are paid quarterly in advance in accordance with the NSW Health NGO Grant Program Guidelines. For grants paid by the Ministry of Health, 2012-13 grant payments were made on:
- 5 July 2012 for 1st quarter payment
  - 27 September 2012 for 2nd quarter payment
  - 20 December 2012 for 3rd quarter payment

- 27 March 2013 for 4th quarter payment

- e. & f. In accordance with the NGO Grant Program Operation Guidelines the balance of any unspent funds may be recovered by NSW Health. In 2012/13 this occurred in instances such as where the organisation had difficulty recruiting to fill or replace positions, or where a delay occurred in the implementation of a program.
- g. Non recurrent grant funds are not subject to annual indexation. The indexation for recurrent grants applied for 2012-13 was 2.5%, where applicable.
- h. Costs are not separately identified.
- i. The NSW Health Policy Directive *Non Government Organisation Grant Program – Operation Guidelines* (PD2011\_049) includes a pro forma Funding and Performance Agreement. The pro forma Funding and Performance Agreement does not include such provisions.

The *Grants Management Improvement Program Taskforce (GMIT)* report (November 2012) makes a number of recommendations in regard to contract provisions, including recognising that NGOs play an advocacy role. The NSW Health response to the GMIT report, *Partnerships for Health*, accepted the Taskforce's contracting recommendations and committed to incorporate them in the standard contractual procedure for all partnerships.



74. How many contractors has your Department(s) retained since 1 July 2013 and at what cost?

**ANSWER:**

This information is not held centrally for the Department. The number of contractors fluctuates.



75. What is the current level of Aboriginal employment within your Department(s)?

**ANSWER:**

The Public Service Commission collects workforce data from the NSW public sector, including regarding levels of Aboriginal employment. An estimate of the level of Aboriginal employment in the sector at June 2013 will be included in the Workforce Profile 2013 Report, due to be released with the 2013 State of the Public Sector Report in November 2013. NSW Treasury Circular 11/03 outlines Equal Employment Opportunity (EEO) Disclosure Requirements, requiring that NSW public sector agencies include EEO data in their annual reports.





76. How has that changed since 1 July 2012?

**ANSWER:**

An estimate of the level of Aboriginal employment in the NSW public sector at June 2012 can be found in the Workforce Profile 2012 Report. This report is available on the PSC website on the Workforce Profile page: <http://www.psc.nsw.gov.au/About-the-Public-Sector/workforce-profile>.



77. Since 1 July 2011, how much has been spent on charter air flights by your Department(s)?

**ANSWER:**

Travel is in accordance with the 'Policy on Official Travel within Australia and Overseas' available at [http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0020/156026/Official\\_Travel\\_Policy\\_within\\_Australia\\_and\\_Overseas\\_-\\_August\\_2013.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0020/156026/Official_Travel_Policy_within_Australia_and_Overseas_-_August_2013.pdf). Details regarding travel costs are published in the Department's Annual Report.



78. Is your department currently undertaking any feasibility studies, audits, taskforces or reviews? If so; then;

- What are the terms of reference or details of each study, audit, taskforce or review?
- Who is conducting the study, audit, taskforce or review?
- Was each study, audit, taskforce or review was publically advertised seeking expression of interest or competitive tenders?
- Is there a contract in place detailing terms of engagement for the study, audit, taskforce or review?
- What is the timeline of each study, audit, taskforce or review?
- What are the details of any costs involved in each study, audit, taskforce or review?

**ANSWER:**

As with previous NSW Governments, the Government undertakes feasibility studies, audits, taskforces and reviews to inform government decision making. A number of feasibility studies, audits, taskforces and reviews are currently being undertaken across the NSW Government.



79. Can you please list all travel related costs for your Parliamentary Secretaries incurred in their capacity as Parliamentary Secretary since 1 July 2012
- kilometres travelled
  - accommodation,
  - air fares
  - meals/entertaining?

**ANSWER:**

Information regarding Premier's Office and Ministerial Offices budget and expenditure is available on the Department of Premier and Cabinet Disclosure Log at

[http://www.dpc.nsw.gov.au/about/accessing\\_dpc\\_information/dpc\\_disclosure\\_log](http://www.dpc.nsw.gov.au/about/accessing_dpc_information/dpc_disclosure_log).



80. Can you please provide details of the following activities undertaken by your Parliamentary Secretaries since 1 July 2012;
- meetings attended in their capacity as Parliamentary Secretary?
  - functions attended in their capacity as Parliamentary Secretary?

**ANSWER:**

Parliamentary Secretaries provide assistance to the Premier and other Ministers, including signing correspondence; receiving deputations; undertaking special tasks; officiating at functions; and relieving the Premier and Ministers of some of their duties. The duties to be performed are those allocated by the Premier and/or Minister, or which have the Premier's and/or Minister's endorsement.



81. How often do you meet with your Parliamentary Secretaries?
- Are these meetings documented?
  - Who attends these meetings?

**ANSWER:**

Parliamentary Secretaries provide assistance to the Premier and other Ministers, including signing correspondence; receiving deputations; undertaking special tasks; officiating at functions; and relieving the Premier and Ministers of some of their duties. The duties to be performed are those allocated by the Premier and/or Minister, or which have the Premier's and/or Minister's endorsement.



82. Who provides instructions and direction to your Parliamentary Secretaries, you or your Chief of Staff?

**ANSWER:**

Parliamentary Secretaries provide assistance to the Premier and other Ministers, including signing correspondence; receiving deputations; undertaking special tasks; officiating at functions; and relieving the Premier and Ministers of some of their duties. The duties to be performed are those allocated by the Premier and/or Minister, or which have the Premier's and/or Minister's endorsement.



83. Have the Parliamentary Secretaries been provided with Speech, Voice or Media Training since becoming Parliamentary Secretary? If so, then;  
a. Who conducted the training?  
b. When was it conducted?  
c. Where was it conducted what were the costs of the training?  
d. Who paid for the training?

**ANSWER:**

No

